



CME / CNE / CPD Accreditation in application

## Application Form Certificate Course on Mental Medicine 2017 (C299)

Please delete as appropriate: **Prof. / Dr. / Mr. / Ms. / Mrs.**

Name of Applicant: (Surname) \_\_\_\_\_ (First name) \_\_\_\_\_  
(Chinese Name) \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Tel.No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Preferred way of communication)

Company Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ CNE points required (please tick):  Yes  No

Title: \_\_\_\_\_

**Education (please tick):**

Secondary  Undergraduate  Postgraduate  Others \_\_\_\_\_

**Sources of learning about the course (please tick):**

<input type="checkbox"/> Patient resources & social Centre	<input type="checkbox"/> Self help groups	<input type="checkbox"/> Youth centres
<input type="checkbox"/> Clinics of Department of Health	<input type="checkbox"/> FMS Website	<input type="checkbox"/> Hospital wards
<input type="checkbox"/> Health related organizations	<input type="checkbox"/> The Hong Kong Medical Diary	<input type="checkbox"/> CME/CPE/CNE colleges
<input type="checkbox"/> University libraries	<input type="checkbox"/> Schools	<input type="checkbox"/> Others (please specify):
<input type="checkbox"/> Nursing societies	<input type="checkbox"/> Sports centres	_____

**Fee enclosed :**

Cheque No: _____	made payable to <b>The Federation of Medical Societies of Hong Kong</b>
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:**

1. The application form together with the appropriate fee should be sent to the Secretariat of the Federation of Medical Societies of Hong Kong, 4/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.
2. Fees are **not refundable**, except in the event of a course being oversubscribed or cancelled.
3. The Federation of Medical Societies of Hong Kong (FMSHK) reserves the right to cancel or re-schedule a course due to any unforeseen circumstances. The FMSHK is not responsible for any cost incurred by the collaborating organizations or the participants, should cancellation or any changes take place after any participants register for the course.
4. No classes will be held when typhoon signal No. 8 or above or black rainstorm warning is still hoisted after 12:00 noon. Please contact the Secretariat at 2527 8898 to enquire matters regarding cancellation of class due to typhoon or black rainstorm.