CME / CNE / CPD Accreditation in application

Application Form
Certificate Course on
Introduction to Oral and Maxillofacial Surgery 2017 (C300)

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: ______________________

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):

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

Fee enclosed:

Cheque No: __________________________________ made payable to The Federation of Medical Societies of Hong Kong

________________________ ____________________________
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.