



CME / CNE Accreditation in application

**Application Form**  
**Certificate Course on Communication and Swallowing Problems**  
**in the Elderly Population 2020 (*Video Lectures*)**

Please select as appropriate:  Prof.  Dr.  Mr.  Ms.  Mrs.

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

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

Mobile No.: \_\_\_\_\_ (must fill in)      Email Address: \_\_\_\_\_ (must fill in, for sending confirmation letter & videos)

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

Profession: \_\_\_\_\_ Specialty: \_\_\_\_\_

CNE points required (*for Nurses only*):  Yes  No

**Education (please tick):**

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

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

Clinics of Department of Health       CME/CPE/CNE colleges       The Hong Kong Medical Diary  
 Hospital wards       Health related organizations       FMSHK website  
 Nursing societies       Patient resources & social centre       Colleagues/friends  
 Others (please specify): \_\_\_\_\_

**Course Fee : \$1,000**

Cheque No:	_____	made payable to : <b>Federation of Medical Societies of Hong Kong</b>
------------	-------	-----------------------------------------------------------------------

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.