



The Hong Kong College of Psychiatrists
Application for Prior Approval – In-house CME/CPD Activities

To: Secretary
 Education Committee
 The Hong Kong College of Psychiatrists
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Details of Local CME/CPD Activities

Name of Training Unit: _____

Responsible officer _____ **Fax No** _____

Date/Time	Program Name & Details	CME/CPD code*	Chairman	Speaker(s)	Venue	CME/CPD points awarded (for official use only)

Copy of the programme is enclosed.

Name of Tutor _____ Signature _____ Date _____

For Office Use Only	
Approved by	
Name & Signature	Date
Education Committee	
Hong Kong College of Psychiatrists	

* Please refer to “Principles and Guidelines on CME/CPD”, published by The Hong Kong College of Psychiatrists for details. The following is a brief summary for your easy reference.

Description	Guideline Reference	Cat Code	CME/CPD awarded	Max/Cycle
College Passive Participation (List A)	5.2	PP/CP	“1” per hour	75
College Active Participation	5.3	OT/AP	“3” per session	75
Quality Assurance and Medical Audits	5.11	OT/QA	See guideline	30
Mortality & Morbidity Meetings	5.12	OT/MM	“1” per meeting	10
Activities for Improvement of Patient Care	5.13	OT/IP	“1” per activity	10
Grand Rounds in Training Units	5.14	OT/GR	“1” per grand round	10