



**CONTINEOUS
MEDICAL EDUCATION
HMC/KGMC**

CME Application Form



Program Title:	
Type of Activity	<input type="checkbox"/> Workshop (online) <input type="checkbox"/> Workshop (Physical) <input type="checkbox"/> Update Meeting <input type="checkbox"/> Webinar <input type="checkbox"/> Certificate Course <input type="checkbox"/> Enduring material <input type="checkbox"/> TOACS <input type="checkbox"/> Mock examination
Location:	
Date:	
Time:	
Number of expected participants: _____	
Faculty _____, Residents _____ Students _____, Others _____	
Organization/affiliated institution;	
Name of activity director: _____	
Phone: _____	email-address: _____
Name of focal person: _____	
Phone: _____	email-address: _____

Planning committee members

- _____
- _____
- _____
- _____

**For the CME office,
only.**

Application date; _____

Activity code; _____

Number of credits; _____

Approval date; _____

Sig CME Director; _____