

Organizer of the Activity:

(official chop of organizer)

The Hong Kong College of Psychiatrists Certificate of Attendance for Overseas CME/CPD Activities

(For those activities with no formal attendance certificate)

To: Honorary Secretary (Attn: Dr. William Chui) **Education Committee** Hong Kong College of Psychiatrists Room 906, Hong Kong Academy of Medicine Jockey Club Building 99 Wong Chuk Hang Road Aberdeen, Hong Kong Tel: (852) 28718777 (852) 28701391 Fax: Email: hkcpsych@hkam.org.hk This is to certify that I have attended the following CME/ CPD activities Name of CME/ CPD Activities: _____ Date: ______Time: _____ Venue: _____ Copy of the programme is enclosed. Name of Fellow of Hong Kong College of Psychiatrists: Signature: Date:

or _

(Name and Signature of chairman/ responsible person of the activity)