



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. W.C. Chan, c/o Ms. Jane Lee)
Education Committee
Hong Kong College of Psychiatrists
c/o Department of Psychiatry
G/F, Multicentre
Tai Po Hospital
Tai Po, N.T.
Phone: (852) 2607-6026
Fax: (852) 2667-5464

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: _____

Organizer of the Activity:

(official chop of organizer)

or

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