

For Members and Inceptors Only

The Hong Kong College of Psychiatrists
Continuing Medical Education Report Form for Members and Inceptors

Name: _____ ID Card No.: _____

Beginning Date for this CME Cycle: _____ Recording Year: _____

Points carried over from last year: _____ Total CME Points scored: _____

1. Self-study (Up to 20 points per year)

1.1

Date	Activities	Points

2. Passive Participation in CME Activities

Date	Duration	Details (<i>e.g. Name of speakers, conference, and topics</i>)	Points

3. Active Participation

Date	Chair/Present	Details (<i>e.g. topic, nature, etc.</i>)	Points

4. Publications *(please submit copy of the articles and indicate if you are chief author, second author, etc)*

Date	Topic/author	Journal	Points

5. Other Activities

Date	Nature	Points

- Note:*
- 1. Use additional sheet if necessary*
 - 2. Please return this form to the Chairman of Education Committee at the end of each calendar year*
 - 3. Please submit the photocopy of required documents if indicated*

Signature

Name

Date