



香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

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CLAIM FORM FOR CME/CPD Accreditation *(for College Fellow)*

Note: The CME/CPD Subcommittee of the Hong Kong College of Otorhinolaryngologists and the College Council reserves the final right to approve or refute the requests to use the activity for CME/CPD point recognition.

You can use this form to fill in one activity, and submit the completed form together with a relevant detailed programme, such as an confirmation email, certificate of attendance, letter of verification from activity organizer, or a copy of your presenting article or manuscript showing author, title and publication names, etc. to the College Secretariat (by post, fax or email) within 3 months of the completion of the course/meeting/activity.

FULL NAME		MCHK NO.	
EMAIL ADDRESS		CONTACT NO.	
NAME OF EVENT			
DATE OF EVENT			
TIME OF EVENT			

Please choose the best answer for each of the followings:

(Blue/black ballpoint pen to fill up the circle completely)

	Strongly Agree	Agree	Disagree	Strongly Disagree
The course/ seminar / meeting /programme was well paced within the allocated time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter(s) was/were knowledgeable on the topic/subject	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The materials provided me useful information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the sessions were informative and valuable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this to other colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature

Date
