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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 a confirmation email, certificate of attendance, letter of verification from the 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 ORGANIZER / ORGANIZATION / HOSPITAL			
NAME OF EVENT			
DATE OF EVENT		TIME OF EVENT	

Please choose the best answer for each of the following questions by using a blue or black ballpoint pen to fill up the circulate 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 _____