



香港醫學會延續醫學教育計劃 HKMA CME Programme

香港醫務委員會延續醫學教育計劃註冊機構

CME Programme Administrator under the MCHK CME Programme

第一部分: 新登記成為香港醫務委員會延續醫學教育計劃之成員。〔根據香港醫務委員會延續醫學教育計劃守則所定, 每位非專科醫生只可選擇一間認可註冊機構登記。〕

Part One: Newly-joined member under the Medical Council of Hong Kong CME Programme. (According to the guidelines of the Medical Council of Hong Kong, participant should register with ONLY ONE accredited CME Programme Administrator for documenting the CME points.)

本人選擇香港醫學會為本人於香港醫務委員會延續醫學教育計劃之註冊機構。

I select the HKMA as my CME Programme Administrator under the MCHK CME Programme.

註冊日期 Starting date of 1st year of the 3-year CME cycle

二零二零年一月一日

1 January 2020

二零二零年七月一日

1 July 2020

第二部分: 如閣下希望轉由本會成為閣下新周期之註冊機構, 請填寫以下部分。

Part Two: If you want to switch the CME Administrator to our Association in the new cycle, please fill in the session below.

本人現決定選擇香港醫學會作為參加香港醫務委員會延續醫學教育計劃之註冊機構, 以處理本人之延續進修記錄及積分申報事宜。本人並授權香港醫學會通知下述機構即日取消本人在其之註冊及索取本人在其之積分紀錄。

I am hereby confirming to have the Hong Kong Medical Association as my Administrator for the CME Programme of the Medical Council of Hong Kong and authorize the HKMA to notify the following organization of my termination of CME Administrator registration with them with immediate effect and obtain my CME record.

前度註冊機構名稱 : * 衛生署 Department of Health [DH] /
Name of Previous Administrator 香港醫學專科學院 Hong Kong Academy of Medicine [HKAM] /
香港西醫工會 Hong Kong Doctors Union [HKDU]

*請刪去不適用者 Please delete as appropriate

In response to the letter dated 30 August 2005 from the Medical Council of Hong Kong, there would be a new CME cycle from 1 January 2014 to 31 December 2016 for all doctors who joined the Programme before 31 December 2004.

備註: 每年延續醫學教育活動中, 自修練習最多可獲 20 學分, 參加延續醫學教育講座則無學分上限。

請致電 2527-8452 或電郵 cme@hkma.org 與香港醫學會秘書處聯絡, 以查閱其延續醫學教育活動記錄。

Remarks: A maximum of 20 points can be awarded for self-study per year and no upper limit of CME points for attending CME lectures. Please contact the HKMA Secretariat at 2527-8452 or by email cme@hkma.org for checking the CME records

姓名
Name: _____

簽署
Signature: _____

香港醫學會會員編號
HKMA Membership No.: _____

醫委會註冊號碼
Medical Reg. No.: _____

聯絡電話號碼
Contact Tel. No.: _____

日期
Date: _____

Notes:

Please send completed forms to the Hong Kong Medical Association either by fax at 2865 0943 or by email cme@hkma.org or by mail to 5/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong. 請填妥表格並傳真至 2865 0943 或電郵 cme@hkma.org 或寄回香港醫學會(地址: 香港灣仔軒尼詩道十五號溫莎公爵社會服務大廈五樓)。