

The College of Ophthalmologists of Hong Kong

Room 802, 8/F., HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong (Tel: 2761 9877 Fax: 271 50089)

CLAIM FORM FOR CME/CPD credit points

Name of HKAM Fellow	MCHK No
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CME ACTIVITY:

Passive/Active Participation

Name of FCAA	Date	Venue	Topic/Theme	Capacity	CME pts claimed
				Passive/Active	

Self Study

Title of article/video/self assessment programme/ book/topic in ophthalmology etc	Name of Journal/issuing organization where applicable	Date of study	CME pts claimed

Publication/Other CME/CPD activity

Details (e.g., As Examiners)	CME pts claimed

Notes

1. For Self Study, please submit an abstract of no less than 100 words on the paper/material or complete any attached question sheet.
2. For Publication, please also submit a copy of the publication. For material accepted for publication but not yet published, please submit a copy of the material and a copy of the letter of acceptance.
3. The College Council reserves the final right to approve or refute the requests to use the above activity for CME point recognition.
4. You can use this form to fill in more than one activity and send the form to the College Secretariat (by fax or mail) within 3 months of the last meeting/activity.

Signature: _____ (Applicant) Date: _____

FOR OFFICIAL USE & REPLY

- Claim accepted. No. of points accredited: _____.
- Claim not accepted, because:-
- | | |
|---|---|
| <input type="checkbox"/> Claim form not fully completed. | <input type="checkbox"/> Copy of publication material lacking. |
| <input type="checkbox"/> Proof of attendance at FCAA lacking. | <input type="checkbox"/> Copy of letter of acceptance of publication lacking. |
| <input type="checkbox"/> Abstract of self study material lacking. | <input type="checkbox"/> Other reasons: _____. |

Countersigned by: _____ Date: _____