

**Continuing Professional Education (CPE)**  
**ACCREDITATION request form**  
**FORM # H**

<b>APPLICANT (ORGANISER):</b>			
<b>ADDRESS:</b>			
<b>CONTACT #:</b>		<b>EMAIL ADDRESS:</b>	
<b>CO-ORGANIZER:</b> (If Any)		<b>DURATION OF ACTIVITY</b> (from - to (hours)):	
<b>LOCATION OF ACTIVITY:</b>			

<b>TITLE OF PROGRAMME / ACTIVITY:</b>			
<b>DATE OF PROGRAMME / ACTIVITY</b>			
<b>PROGRAMME CONTENTS:</b>			
<b>PROGRAMME GOALS &amp; OBJECTIVES:</b>	1.		
	2.		
	3.		

DESCRIPTION OF EDUCATIONAL METHODOLOGY			
<b>Lecture</b>	<b>Audio-Visual</b>	<b>On-line</b>	
<b>Symposium</b>	<b>Seminar / Workshop</b>	<b>Other:</b>	
Place an 'X' in the selected options (methodology) to the left above.			
<b>METHOD OF PROGRAMME EVALUATION:</b>			
<b>CREDIT HOURS PROPOSED BY ORGANISER:</b>			<b>C.E. Credit Hours</b>

<i>For Official Use</i>			
<b>DATE REQUEST REC'D:</b>		<b>AMOUNT PAID (\$)</b>	
<b>NUMBER OF C.E. APPROVED:</b>		<b>DATE OF APPROVAL:</b>	

<b>CHAIRPERSON, EDUCATION COMMITTEE</b>	<b>REGISTRAR, CPAM</b>
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<b>Note:</b>	
1. Application shall be submitted at least 4 weeks before activity	2. Fees are doubled for applications less than 4 weeks before activity
3. Application is not completed until fees are paid	4. Application fees are non-refundable

**Continuing Professional Education (CPE)**  
**Certificate of Participation**  
**FORM # I**

<b>NAME OF PROFESSIONAL:</b>		<b>REGISTRATION #</b>	
<b>PROFESSION:</b>			
<b>TYPE OF ACTIVITY</b>	<i>Conference, Workshop, Seminar, etc (state below)</i>	<b>ACTIVITY DATE:</b>	
<b>TITLE OF ACTIVITY</b>		TIME	
		TO	FROM
<b>C.E CREDIT REQUESTED (HOURS)</b>		<b>NUMBER OF HOURS SPENT AT THE ACTIVITY</b>	<b>IDENTIFIED DEVELOPMENT AREA(S)</b>

<b>NAME OF ORGANIZER:</b>			
<b>ORGANIZER EMAIL ADDRESS:</b>		<b>ORGANIZER TELEPHONE #:</b>	

NAME OF ACTIVITY SECRETARIAT / CHAIR

SECRETARIAT / CHAIR SIGNATURE

<i>For Official Use</i>			
<b>DATE OF RECEIPT:</b>		<b>Comments:</b>	
<b>NUMBER OF C.E. APPROVED:</b>		<b>DATE OF VERIFICATION:</b>	