To: The CPD Chairman
MMA-CPD Secretariat
Malaysian Medical Association
4th Floor, MMA House
124, Jalan Pahang
53000 Kuala Lumpur

MMC-CPD GRADING SYSTEM APPLICATION FOR REGISTRATION OF PROVIDER

Name of Organisation	:				-	
Association / Speciality Body	:				-	
Address of Organisation	:				-	
					-	
Tel No:				Fax No:		
Strength of Membership of	Organisat	tion:		_		
*Hospitals, Institutions, an intend to disseminate infor						fy how you
	_					
Types of CPD Activity: You intend to provide						
Submitted by:Name			&	Signature		
Official Stemp of Organica						
Official Stamp of Organise Date:	1.					
*IMPORTANT NOTE:						
i. The Media CANNOii. Accreditation of you MMA-CPD Secretar	ır activity					arded to the
For Official Use:						
Provider's Code :						
Date Keyed in :						