

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 Organisation: _____

*Hospitals, Institutions, and Any Other Provider who do not fall under the above Criteria please specify how you intend to disseminate information regarding your proposed CPD activity to Participants.

Types of CPD Activity:
You intend to provide _____

Submitted by: _____ & _____
Name Signature

Official Stamp of Organiser: _____

Date: _____

***IMPORTANT NOTE:**

- i. The Media CANNOT be used to notify participants of proposed CPD Activities
 - ii. Accreditation of your activity will still have to be applied for, on the prescribed form and forwarded to the MMA-CPD Secretariat.
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For Official Use:

Provider's Code : _____

Date Keyed in : _____