MMC-CPD GRADING SYSTEM FOR BRANCH

To: Chairman
MMA CPD Committee Malaysian Medical Association
4th floor, MMA House,
124, Jalan Pahang,
53000 Kuala Lumpur.

We are organising the following CPD activity and wish to apply for CPD Accreditation.
A copy of the programme is enclosed together with a list of speaker and brief curriculum vitae.

Topic:		
Date (s):		
Time:	Period:	Hours / Days:
Venue:		
Organiser's Name & Address:		
Contact Person (Name / Tel and Fax No:):		
Sponsor:		

SUBMITTED BY : _____
(Name and Signature)

DATE _____ OFFICIAL STAMP OF ORGANISER

CPD Category: A1 ☐ (Please tick appropriate category)
A2 ☐
A3 ☐
A4 ☐
A5 ☐
A7 ☐