

Provider Code: _____

MMC-CPD GRADING SYSTEM PROVIDER

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 point/s.
A copy of the programme is enclosed together with a list of speakers 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

PLEASENOTE:

- 1.It will normally take up to 2 weeks for the MMA CPD Committee to approve any application. As such, applicants are advised to apply well in advance to meet their own deadline for printing announcements, invitation cards, programmes, brochures, etc.
- 2.Please enclose copies of CV of speaker(s), synopsis from lecturer(s) / subject matters.
- 3.Please specify Provider's Code if already allotted

CPD Category: A1 (For Office Use Only)
A2
A3
A4
A5
A7
A8

**CPD COMMITTEE
APPROVED/REJECTED**

(_____)

DATE: