

HONG KONG COLLEGE OF PAEDIATRICIANS

Annual Summary of attendance and accreditation

Name of Study group: _____

Chairperson: _____

Contact phone: _____ **Fax:** _____

I recommend the following Fellows for CME accreditation for the year _____

Name of Fellow	CME Number	CME Point

Signed: _____

Date: _____

******This form has to be submitted to the CME Subcommittee at the end of the year.**