

## **ANNUAL RETURN FORMS (ARF)**

In accordance with the Approved CME Programme, each Fellow is required to complete his/her CME requirements in a 3-year cycle.

By the end of 3 years, each Fellow is required to:

- acquire 90 points, and
- acquire at least 30 points from Category A activities

.....

At the end of each cycle year, each Fellow is required to submit the Annual Return Form to the CME Subcommittee for processing.

**For      Year 1            submit Form ARF 1**  
**Year 2            submit Form ARF 2**  
**Year 3            submit Form ARF 3**

Simply tear off the appropriate forms and send to the College Secretary either by fax or by mail.

Record the summary of your points in the table below for your own reference:

### **CME POINTS CLAIMED**

<b>YEAR</b>	<b>CAT A</b>	<b>CAT B</b>	<b>CAT C</b>	<b>CAT D</b>	<b>TOTAL</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>TOTAL</b>					

**HONG KONG COLLEGE OF PAEDIATRICIANS**  
**CME ANNUAL RETURN FORM (ARF 1) ---- YEAR 1**

**PERSONAL DATA**

**Name** \_\_\_\_\_

**Name in Chinese** \_\_\_\_\_

**CME No:** \_\_\_\_\_

**Practicing Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CYCLE**

**Date of commencement** \_\_\_\_\_

**Date of completion** \_\_\_\_\_

**CREDIT POINTS CLAIMED**

<b>YEAR</b>	<b>CAT A</b>	<b>CAT B</b>	<b>CAT C</b>	<b>CAT D</b>	<b>TOTAL</b>
<b>1</b>					

I verify that the data supplied above are correct. I have enclosed all certificates of attendance for local and overseas meetings attended. I shall submit all supporting documents upon request by the CME Subcommittee to substantiate my claims without any objection.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**HONG KONG COLLEGE OF PAEDIATRICIANS**  
**CME ANNUAL RETURN FORM (ARF 2) ---- YEAR 2**

**PERSONAL DATA**

**Name** \_\_\_\_\_

**Name in Chinese** \_\_\_\_\_

**CME No:** \_\_\_\_\_

**Practicing Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CYCLE**

**Date of commencement** \_\_\_\_\_

**Date of completion** \_\_\_\_\_

**CREDIT POINTS CLAIMED**

<b>YEAR</b>	<b>CAT A</b>	<b>CAT B</b>	<b>CAT C</b>	<b>CAT D</b>	<b>TOTAL</b>
<b>1</b>					
<b>2</b>					
<b>TOTAL</b>					

I verify that the data supplied above are correct. I have enclosed all certificates of attendance for local and overseas meetings attended. I shall submit all supporting documents upon request by the CME Subcommittee to substantiate my claims without any objection.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**HONG KONG COLLEGE OF PAEDIATRICIANS**  
**CME ANNUAL RETURN FORM (ARF 3) ---- YEAR 3**

**PERSONAL DATA**

**Name** \_\_\_\_\_

**Name in Chinese** \_\_\_\_\_

**CME No:** \_\_\_\_\_

**Practicing Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CYCLE**

**Date of commencement** \_\_\_\_\_

**Date of completion** \_\_\_\_\_

**CREDIT POINTS CLAIMED**

<b>YEAR</b>	<b>CAT A</b>	<b>CAT B</b>	<b>CAT C</b>	<b>CAT D</b>	<b>TOTAL</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>TOTAL</b>					

I verify that the data supplied above are correct. I have enclosed all certificates of attendance for local and overseas meetings attended. I shall submit all supporting documents upon request by the CME Subcommittee to substantiate my claims without any objection.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**