



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

*Education Committee*

**DOCUMENTATION FOR  
CONTINUING MEDICAL EDUCATION ACTIVITIES**

Name of Fellow/Member: \_\_\_\_\_

Period of documentation for CME activities: from \_\_\_\_\_ to \_\_\_\_\_

**SUMMARY OF C.M.E. ACTIVITIES CLAIMED**

**Receptive Activities**

Total number of activities claimed \_\_\_\_\_

CME points claimed \_\_\_\_\_

**Active participation**

Total number of activities claimed \_\_\_\_\_

CME points claimed \_\_\_\_\_

**Self Study**

Total number of programmes claimed \_\_\_\_\_

CME points claimed \_\_\_\_\_

**Publications**

Total number of publications claimed \_\_\_\_\_

CME points claimed \_\_\_\_\_

**Non-anaesthesia related activities:**

\_\_\_\_\_

**TOTAL NUMBER OF C.M.E. POINTS CLAIMED FOR PERIOD** =====

I certify that the above is a true and accurate record of my Continuing Medical Education activities for the period stated.

Date submitted: \_\_\_\_\_ Signature: \_\_\_\_\_



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C.M.E. DOCUMENTATION for Period: \_\_\_\_\_ to \_\_\_\_\_

## Active participation (Anaesthesia-related)

Date	Event	Role	Points claimed	Remarks

## Self Study (Anaesthesia-related)

Date	Programme	Points claimed	Remarks

## Publications (Anaesthesia-related)

Title of Paper	Journal	Issue/date	Points claimed

## Receptive Activities (Non-anaesthesia related) [Not to exceed 15 points in the 3-year cycle]

Date	Programme	Points claimed	Remarks

Date submitted: \_\_\_\_\_ Signature: \_\_\_\_\_