

A

CPD activity application

Please complete this application form

The details of scientific event as conference or workshop or symposium or lecture in the first page, then complete the form as a training module format in the second page.

Your collaboration will help us improve the quality of the sessions and the educational experience.

Activity Details

Activity Details	
Title of event	
Date	
Location/Platform	
Organizer (agency)	
Organizer address	Location
	Mail
	Mobile
	Contact person
	Website
Scientific body	
Maximum number attendees	
Note	
Mode	Once <input type="checkbox"/> Repeated <input type="checkbox"/>
Attendees' evaluation form	Pre-course <input type="checkbox"/> Post-course <input type="checkbox"/>

Mode of Delivery				
<input type="checkbox"/> 1 In-person	<input type="checkbox"/> 2 online (Live)	<input type="checkbox"/> 3 Recorded	<input type="checkbox"/> 4 Blended	<input type="checkbox"/> 5 others
Type of activity				
<input type="checkbox"/> 1 Seminar	<input type="checkbox"/> 2 workshop	<input type="checkbox"/> 3 training lecture	<input type="checkbox"/> 4 conference	<input type="checkbox"/> 5 others
Target audience				
<input type="checkbox"/> 1 medical students	<input type="checkbox"/> 2 trainees	<input type="checkbox"/> 3 HCP	<input type="checkbox"/> 4 Faculty	<input type="checkbox"/> 5 others



Scientific activity

Sections	
Topic	
Description	
Learning objectives	
Time: Duration & schedule	
Teaching aids	
Facilitator(s)	
Facilitator(s)	
Facilitator(s)	
Biography: main speaker	

For official use:

Accreditation council					
Date of accreditation					
Approved credit hours					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
CPD Coordinator		Date		Reference:	

