香港醫學會持續醫學進修計劃
HKMA CME Programme

香港醫務委員會持續醫學進修計劃註冊機構
CME Programme Administrator under the MCHK CME Programme

第一部分: 新登記成為香港醫務委員會持續醫學進修計劃之成員。〔*根據香港醫務委員會持續醫學進修計劃守則所定，每位非專科醫生只可選擇一間認可註冊機構登記。*〕

Part One: Newly-joined member under the Medical Council of Hong Kong CME Programme. *(According to the guidelines of the Medical Council of Hong Kong, participant should register with ONLY ONE accredited CME Programme Administrator for documenting the CME points.)*

☐ 本人選擇香港醫學會為本人於香港醫務委員會持續醫學進修計劃之註冊機構。
I select the HKMA as my CME Programme Administrator under the MCHK CME Programme.

註冊日期 Starting date of 1st year of the 3-year CME cycle

☐ 二零一五年一月一日 1 January 2015　　☐ 二零一五年七月一日 1 July 2015

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第二部分: 如閣下希望轉由本會成為閣下新周期之註冊機構，請填寫以下部分。

Part Two: If you want to switch the CME Administrator to our Association in the new cycle, please fill in the session below.

本人現決定選擇香港醫學會作為參加香港醫務委員會持續醫學進修計劃之註冊機構，以處理本人之持續進修記錄及積分申報事宜。本人並授權香港醫學會通知下述機構即日取消本人在其之註冊及索取本人在其之積分紀錄。

I am hereby confirming to have the Hong Kong Medical Association as my Administrator for the CME Programme of the Medical Council of Hong Kong and authorize the HKMA to notify the following organization of my termination of CME Administrator registration with them with immediate effect and obtain my CME record.

前度註冊機構名稱 Name of Previous Administrator : * DH / HKAM / HKDU
*請刪去不適用者 Please delete as appropriate

[DH] 衞生署 Department of Health
[HKAM] 香港醫學專科學院 Hong Kong Academy of Medicine
[HKDU] 香港西醫工會 Hong Kong Doctors Union

In response to the letter dated 30 August 2005 from the Medical Council of Hong Kong, there would be a new CME cycle from 1 January 2014 to 31 December 2016 for all doctors who joined the Programme before 31 December 2004.

姓 名 Name: _____　　簽 署 Signature: _____

會員編號/進修號碼 Membership/CME No.: _____　　醫委會註冊號碼 Medical Reg. No.: _____

聯絡電話號碼 Contact Tel. No.: _____　　日期 Date: _____

Notes:
Please send completed forms to the Hong Kong Medical Association either by fax at 2865 0943 or by mail to 5/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong. 請填妥表格並傳真（號碼：2865 0943）或寄回香港醫學會（地址：香港灣仔軒尼詩道十五號溫莎公爵社會服務大廈五樓）。