THE DEPARTMENT OF HEALTH REGULATORY SERVICES
Health Practice Commission

MEDICAL AND DENTAL COUNCIL
Continuing Medical Education (CME) hours - Summary Form

Name: _____

Profession: _____

Registration No**:** **MDC/**_____/_____/_____

TYPES OF CONTINUING EDUCATION:			
LIVE	Presentations, seminars, conference/workshops attended	**INTERNET**	Online programmes / courses
WORK	On the job improved knowledge & skills, with written proof signed by supervisor	**FORMAL**	Institutional education / school

RENEWAL: ☐ I am submitting _____ CME hours which have been completed within the two (2) year period for my expiring Practising Licence.
[A forty-hour minimum is required, for dental care auxiliaries see application guidelines]

NEW: ☐ I am submitting a minimum of forty (40) CME hours which were completed within the last thirty-six months.

Please list your CME class(es)/programme(s) completed and attach the original certificates in the same order.

TITLE OF PROGRAMME	SPONSOR/PROVIDER	TYPE OF CME	DATE dd/mm/YYYY	HOURS
			TOTAL CE'S	

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Continuing Medical Education Summary Form

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TITLE OF PROGRAMME	SPONSOR/PROVIDER	TYPE OF CME	DATE dd/Mmm/YYYY	HOURS
			Page 2 CME subtotal	

I certify that the above statement is a true and accurate record of the Continuing Medical Education programs I completed. I am aware that any deliberate falsification included in this document will constitute a breach of good faith and result in the loss of one's license to practice. ☐ *Please see the continuation sheet (page__)* ☐ *Final Page*

Signature Date