

MMC-CPD GRADING SYSTEM FOR BRANCH

To: Chairman
MMA CPD Committee
Malaysian Medical Association
4th Floor, MMA House
124, Jalan Pahang
53000 KUALA LUMPUR

We are organising the following CPD activity and wish to apply for CPD Accreditation.
A copy of the programme is enclosed together with a list of speakers and brief curriculum vitae.

| | | |
|--|--------|--------------|
| Topic: | | |
| Date (s): | | |
| Time: | Period | Hours / Days |
| Venue: | | |
| Organiser's Name & Address: | | |
| Contact Person (Name / Tel and Fax No.): | | |
| Sponsor: | | |

SUBMITTED BY : _____
(Name and Signature)

DATE : _____ OFFICIAL STAMP OF ORGANISER

CPD Category: 1A () **(Please tick appropriate category)**
 1B ()
 1C ()
 II ()
 III ()
 IV ()