

Provider Code: _____

**MMC-CPD GRADING SYSTEM
PROVIDER**

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 point/s.
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):		
Sponsor:		

SUBMITTED BY : _____
(Name and Signature)

DATE : _____ OFFICIAL STAMP OF ORGANISER

PLEASE NOTE:

1. It will normally take up to 2 weeks for the MMA CPD Committee to approve any application. As such, applicants are advised to apply well in advance to meet their own deadline for printing announcements, invitation cards, programmes, brochures, etc.
2. Please enclose copies of CV of speaker(s), synopsis from lecturer(s) / subject matters.
3. Please specify Provider's Code if already allotted
4. CPD Category: 1A () (For Office Use Only)
1B ()
1C ()
II ()
III ()
IV ()

**CPD COMMITTEE
APPROVED/REJECTED**

(_____)

DATE: