



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 registration period for my expiring Practising Licence.
[A forty-hour minimum is required, for dental care auxiliaries see application guidelines] **(50% in specialty area)**

NEW: ☐ I am submitting a minimum of forty (40) CME hours which were completed within the last thirty-six months. **(50% in specialty area)**.

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				

MEDICAL AND DENTAL COUNCIL
Continuing Medical Education Summary Form

Continued, page 2

TITLE OF PROGRAMME	SPONSOR/PROVIDER	TYPE OF CME	DATE dd/mm/YYYY	HOURS
			<i>Page 2 CME subtotal</i>	

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