THE NATIONAL COMMITTEE OF CONTINUING MEDICAL EDUCATION

THE MEDICAL COUNCIL OF JAMAICA

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THIS FORM IS TO BE COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE CME MEDICAL ORGANIZER
SUBMIT: COPY OF THE PROGRAMME, THE APPLICATION FEE OF $ 5000.00 & CV OF OVERSEAS PRESENTERS
APPLICATION DEADLINE: ONE MONTHS PRIOR TO EVENT

APPLICANT (CME MEDICAL ORGANIZER): _____

ADDRESS: _____

E-MAIL ADDRESS: _____FAX NO: _____

CONTACT PHONE NO: _____ DATE OF CME ACTIVITY: _____

LOCATION OF CME ACTIVITY: _____

DURATION OF CME ACTIVITY: _____

CO-ORGANIZER (if any): _____

TITLE OF PROGRAMME/ACTIVITY: _____

PROGRAMME CONTENTS: _____

_____

PROGRAMME GOALS AND OBJECTIVES: _____

_____

DESCRIPTION OF EDUCATIONAL METHODOLOGY TO BE USED: _____

METHOD OF PROGRAMME EVALUATION: _____

CREDIT HOURS PROPOSED BY CME MEDICAL ORGANIZER: _____

NAME & SIGNATURE OF CME MEDICAL ORGANIZER REP: _____

_____

TO BE COMPLETED BY AUTHORIZED MEDICAL COUNCIL/NCCME OFFICIAL

CREDIT HOURS APPROVED BY MEDICAL COUNCIL/ NATIONAL COMMITTEE OF CME:

_____

DATE CME ACCREDITATION REQUEST WAS RECEIVED: _____

DATE OF APPROVAL: _____

AMOUNT PAID BY CME ORGANIZER: _____
($ 5,000.00) PER DAY

ADDITIONAL INFORMATION: _____

_____ _____

CHAIRMAN, NCCME **REGISTRAR, MEDICAL COUNCIL OF JAMAICA**