

FORM A



BARBADOS MEDICAL COUNCIL

**APPLICATION FOR ASSESSMENT OF CONFERENCES, LECTURES,
TRAINING PROGRAMMES ETC. FOR CONTINUING PROFESSIONAL
EDUCATION CREDITS/AWARDS**

Organization/Individual: _____

Address: _____

Tel. No.: _____ Email: _____

Title of Activity: _____

Date of Activity: _____

Number of CPE hours [exclusive of breaks etc.]: _____

Number of presentations or other CPE activity: _____

List of faculty and organizing/administrative personnel [attach program]:

State how attendance and participation are monitored: _____

What is the internal assessment of credit, if any: _____

State any other assessment and by whom: _____

(Application should be supported by documentation)

**** Applications should be made one month in advance of the activity to ensure an assessment in time for the activity**

Signature of Applicant: _____ Date: _____

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Approved by: Chairman _____

Committee member _____

Date: _____

Credit points given
For official use only

**N.B.: Application forms are available from the Secretary, Barbados Medical Council
and must be completed in full**