

1-Day Family Practice Skills Course

Wound Care

Sat, 27 September 2014
2.00pm - 5.30pm



Civil Service College (CSC), Auditorium (Level 1)
31 North Buona Vista Road, Singapore 275983

SEMINAR

Wound Healing

Dr Low Lian Leng

Registrar

Department of Family Medicine and Continuing Care
Singapore General Hospital

Types of Dressings

Ms Yang Leng Cher

Senior Nursing Officer, Bright Vision Hospital

Management of Complex Wounds

Ms Susie Goh

Director of Nursing, St Luke's Hospital

WORKSHOP

Assessment of Wounds

Ms Susie Goh

Director of Nursing, St Luke's Hospital

■ **SEMINAR**

2.00pm - 4.00pm: Seminar • Unit 1 - 3

■ **WORKSHOP**

4.30pm - 5.30pm: Workshop

* Registration is on first-come-first-served basis.

Seats are limited.

Please register by 22 September 2014 to avoid disappointment.

■ **DISTANCE LEARNING MODULE**

Read 3 Units of study materials in *The Singapore Family Physician Journal* and pass the online MCQ Assessment (attain minimum pass grade of 60%).

* *Number of FM CME points awarded: To be confirmed*

This course is organised by the
College of Family Physicians
Singapore



All information is correct at time of printing and may be subject to changes.

REGISTRATION

Wound Care

Please tick (✓) the appropriate boxes

**FREE
REGISTRATION
for College
Members!**

	College Member	Non Member
Seminar (Sat)	<input type="checkbox"/> \$21.40 FREE	<input type="checkbox"/> \$21.40
Workshop (Sat)	<input type="checkbox"/> \$21.40 FREE	<input type="checkbox"/> \$21.40
Distance Learning (MCQ Assessment)	<input type="checkbox"/> \$42.80 FREE	<input type="checkbox"/> \$42.80
TOTAL		

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

☐ I attach a cheque for payment of the above, made payable to: **College of Family Physicians Singapore** *

Cheque number: _____

Signature: _____

**Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).*

Name: Dr _____

MCR No: _____ NRIC No: _____

Mailing Address: (Please indicate: ☐ Residential ☐ Practice Address)

E-mail: _____

Tel: _____ Fax: _____

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:

College of Family Physicians Singapore

16 College Road #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: 6222 0204

NOTE: The 1-Day Family Practice Skills Course cannot be used by GDFM trainees to fulfill their GDFM elective requirement.