

APPLICATION FOR CME (CATEGORY 1B) EVENT APPROVAL

Information about this form, Core FM CME and a list of Accredited FM CME Advisors can be found in <http://www.cfps.org.sg>

Part A

A1. Event ID : _____ (as assigned to your event by SMC)

A2. Title of Event : _____

A3. Dates of Event : _____ (dd/mm/yyyy), _____ (dd/mm/yyyy)

A4. Venue : _____

A5. CME Provider(s)/ Organisations : 1. _____
(Co-organiser) : 2. _____

A6. CME Funders (if any) : 1. _____
2. _____

Part B

B.1 Learning Objectives

B.2. Outline of contents that would be covered

B3. Speaker(s)/Facilitator/Discussant:

Total Number of Speakers: _____ (Details of the 4th or more speakers to be filled in Appendix 1)

1 Name : **Prof/ A/Prof/ Dr** _____

Appointment & Organisation: _____

Professional Qualification(s): _____

Email Address: _____

Relevant CV _____

Conflict of interest - to specify: _____

2 Name : **Prof/ A/Prof/ Dr** _____

Appointment & Organisation: _____

Professional Qualification(s): _____

Email Address: _____

Relevant CV _____

Conflict of interest - to specify: _____

B4. ProgrammeTotal no. of topics: _____ (Details of 4th or more topics to be filled in in Appendix 2)

Topic	Topics	Speakers Serial No.	* FM Domain Code	* FM Disease Code
A				
B				
C				
D				

* FM Domain Code and FM Disease Code must be completed if applying for Core FM CME points

Part C (To be signed by FM CME Advisor if event application is for Core FM accreditation)

- I have advised the CME Activity Coordinator in the planning, organisation and conduct of the event to meet the criteria of Core FM CME as set out by the College and would provide a feedback to the College.

Name of FM CME Advisor (A/Prof/ Prof/ Dr)_____
Signature / Date**Part D****I, the CME Activity Coordinator, declare that:**

- Due diligence has been done to ensure that the content, quality, scientific evidence meets the needs of the participants
- Program is free of commercial influence in the planning and program content
- The content of slides and reference materials do not enhance the specific proprietary interests of the commercial supporter.
- Program gives a balanced view of therapeutic options, uses generic drug names and/or trade names of the products of several companies and reporting of research is balanced
- Proper attendance records will be kept for each and every session and submitted to SMC promptly
- Feedback on the event from the participants will be arranged when requested.
- The College of Family Physicians Singapore logo shall not be used in publicity for the event unless prior approval has been sought from the college secretariat.

Name of CME Activity Coordinator_____
Signature_____
SMC Registration No._____
Email Address_____
Tel No._____
Date**FOR OFFICIAL USE ONLY**

Date Received: _____

Date Replied: _____ Outcome: Core Non-core Reject

Appendix 1

B3.Speaker(s)/Facilitator/Discussant:

(If you have more than 8 speakers, please make copies of Appendix 1 and amend the serial number accordingly.)

4	Name : Prof/ A/Prof / Dr Appointment & Organisation: Professional Qualification(s): Email Address: Relevant CV Conflict of interest - to specify:	
5	Name : Prof/ A/Prof / Dr Appointment & Organisation: Professional Qualification(s): Email Address: Relevant CV Conflict of interest - to specify:	
6	Name : Prof/ A/Prof / Dr Appointment & Organisation: Professional Qualification(s): Email Address: Relevant CV Conflict of interest - to specify:	
7	Name : Prof/ A/Prof / Dr Appointment & Organisation: Professional Qualification(s): Email Address: Relevant CV Conflict of interest - to specify:	
8	Name : Prof/ A/Prof / Dr Appointment & Organisation: Professional Qualification(s): Email Address: Relevant CV Conflict of interest - to specify:	

Appendix 2

B4.Details of Programmes

(If you have more than 16 topics, please make copies of Appendix 2 and amend the serial number of topics accordingly.)

Topics	Topics	Speakers Serial No.	* FM Domain Code	* FM Disease Code
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				

Notes:

- FM Domain Code and FM Disease Code must be completed if applying for Core FM CME points
- Organisers have to submit CAT 1B form 1 month before the event start date. Applications submitted after the event will be rejected.
- CME Advisors whom had signed for the event is not allowed to be the speaker or coordinator for the event.