

APPLICATION FOR CATEGORY 1B CORE FM CME EVENT APPROVAL

For information regarding this application form, Core FM CME, and Accredited FM CME Advisors, please refer to the CFPS website: <http://www.cfps.org.sg>

Part A

A1. Event ID: _____ (as assigned by SMC for the event)

A2. Title of Event: _____

A3. Dates of Event: _____ (DD/MM/YYYY) _____ (DD/MM/YYYY)

A4. Venue: _____

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

A6. CME Funder(s) (if any) 1. _____
2. _____

Part B

B1. Learning Objectives

B2. Outline of Contents Covered

B3. Speaker(s) / Facilitator(s) / Discussant(s):Total no. of speakers: _____ (Details of the 4th and subsequent speakers must be provided 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:	_____
3	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 the 4th and subsequent topics must be provided in Appendix 2)

S/N	Topics	Speaker Serial No.	*FM Domain Code	*FM Disease Code
1				
2				
3				

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

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

I have advised the CME Activity Coordinator on the planning, organisation, and conduct of the event to ensure compliance with the College's Core FM CME criteria and will provide feedback to the College after the event.

Name of FM CME Advisor (Prof / A/Prof / Dr)

Signature / Date

Part D**I, the CME Activity Coordinator, declare that:**

- Due diligence has been exercised to ensure that the content, quality, and scientific evidence presented meet the educational needs of participants.
- The programme is free from commercial influence in both its planning and content.
- The content of presentation slides and reference materials does not promote or enhance the proprietary interests of any commercial supporter.
- The programme presents a balanced view of therapeutic options, uses generic drug names and/or trade names from multiple companies where appropriate, and ensures balanced reporting of research findings.
- Proper attendance records will be maintained for all sessions and submitted promptly to the Singapore Medical Council (SMC), where required.
- Participant feedback on the event will be obtained and submitted to the College upon request.
- The College of Family Physicians Singapore (CFPS) logo will not be used in any publicity or promotional materials for the event without prior approval from the College Secretariat.

Name of CME Activity Coordinator

Signature

MCR Number

Email Address

Tel No.

Date

FOR OFFICIAL USE ONLY

Date Received: _____ Reviewed and Approved by: _____

Outcome: Core Non-Core Rejected

Appendix 1

B3. Speaker(s) / Facilitator(s) / Discussant(s):

(If there are more than 7 speakers, please make copies of Appendix 1 and adjust the serial numbers 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:	_____

Appendix 3

B4. Programme

(If there are more than 16 topics, please make copies of Appendix 2 and adjust the serial numbers accordingly)

S/N	Topics	Speaker Serial No.	*FM Domain Code	*FM Disease Code
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Notes:

- FM Domain Code and FM Disease Code must be completed when applying for Core FM CME points.
- Organisers must submit the Category 1B application form at least **one month** before the event start date. Applications submitted after the event will be rejected.
- CME Advisors who have signed for the event **must not** serve as speakers or coordinators for the same event.