**Application A /CPD/2018/1**

**Nepalese Army Institute of Health Sciences**

**Continuing Professional Development Unit**

Application Form for Accreditation of CME /Conference / Workshop and other educational events or Continuing Professional Development (CPD) activities.

*(Please mention as N/A if not applicable, for any queries contact* [*cpd@naihs.edu.np*](mailto:cpd@naihs.edu.np)*)*

* Title of activity :
* Name of the organization/ department hosting the event:
* Complete address of the contact person for the event (including phone and email id):
* Objectives of the session / outline of the session: *Looking beyond MGD4 & MGD5 (for details of milleneum development goals, please refer to* [*http://www.mdgfund.org/node/922*](http://www.mdgfund.org/node/922)*and* [*http://www.unwomen.org/en/news/in-focus/mdg-momentum*](http://www.unwomen.org/en/news/in-focus/mdg-momentum)*)*
  + At the end of the educational activity participants should be able to
* Total Duration of the activity in hours:
* Venue of of activity:
* Date of ativity in AD:
* Participants' claim for CPD points (What number of Credits claimed? ) \_\_\_\_\_ Points
* Presenters list with their affiliation, qualification, address with email and phone numebr and professional expierience of presenters in tabular form:

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| --- | --- | --- | --- | --- | --- | --- |
| SN | Presenter | Qualification | NMC No | Affiliation | Professional Experience | Contact (email) |
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* Scientific Program (in tabular form)

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| --- | --- | --- | --- | --- |
| SN | Topic | Facilitator | Time | Remarks |
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* Proposed sample of certificate: (to be attached with application)

***Event Report***

* *A brief post event report should be submitted to CPD unit thorugh an email (*[*cpd@naihs.edu.np*](mailto:cpd@naihs.edu.np) *within one week of completion of event. It should include*
* Brief description of the event:
* Important feedbacks:
* Participant’s name list with email id and NMC memebrship number in tabular form
* Evidence of attendance e. g. Photographs of event, scanned copy of registration form with signature of attendees and presenters
* Evidence of the conduct of the session: minutes, publication, scanned copy of brocheureetc.

Submitted by:

Signature:

Name:

Affiliation:

Date of Applicatin in AD: