



Shifa Tameer-e-Millat University and Shifa International Hospital (affiliated hospital) is accredited to provide continuing professional development which includes continuing medical education and continuing dental education.

CONTINUING MEDICAL EDUCATION

Annexure –II: Regularly Scheduled Series

DESCRIPTION OF ACTIVITY:

- Goals.
- Objectives.
- Schedule.
- Name, qualification of Presenters/Facilitators (Attach CVs of the planners/speakers).
- Educational Material (abstract/outline of presentations/handouts).
- Evaluation Form to ascertain change in competence/performance/patient outcomes/ quality improvement.
- Financial support mention/names, nature & scope of all financial support, see Disclosure Form.
- Speakers sponsored by: _____

TERMS AND CONDITIONS:

- Already planned activities require prior intimation of Two Weeks and will be conducted after approval from CME Committee and Department of MSA with Logistics Form.
- Activities proposed by the Faculty/Department will require prior intimation of Four Weeks and will be conducted after approval from CME Committee and Department of MSA.
- Any literature related to activity must receive the prior approval from CME Office before publication/printing i.e. announcements (written or e-mail), brochures, flyers, banners, certificates etc.
- Attendance sheet and Feedback form of the participants/faculty along with Email Address is required for the issuance of certificates.
- A report of the activity is to be submitted to the CME Office within one week of each activity.
- Failing to submit the complete filled forms will result in the cancellation of activity's approval and certification.

Faculty/Planner: _____

Signature & Date

FOR OFFICE USE (CME OFFICE):

Activity Reference No: _____

CME Contact Hours: _____ CDE Contact Hours: _____ CPD Contact Hours: _____

The activity fulfills the submission of pre & post mandatory forms; YES NO

CME Representative (Name & Signature): _____

DO NOT WRITE IN THIS BINDING MARGIN