THE HONG KONG COLLEGE OF FAMILY PHYSICIANS Structured Educational Programme Attendance Form (Basic / Higher*)

| Hospital / Group* Name: Topic: | | | |
|--------------------------------|-----------|--------------------------|-----------|
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| * Delete as appropriate | | | |
| Member Present: | | | |
| Full Name (Block Letter) | Signature | Full Name (Block Letter) | Signature |
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- Please provide supplementary sheets if needed.
- <u>Please attach your synopsis</u> and return together with this attendance form.
- No CME point would be granted if you are not using this form or synopsis is not attached.