FORM I

RADIOGRAPHERS BOARD

Application Form for Assessment of Non-accredited Continuing Professional Development (CPD) Activity/Programme

Instructions:

Supply complete information either directly on this form or on a form developed in a similar format. Please enclose any syllabus or promotional pamphlets of the activity/ programme with the application. Fill in below any further information if not covered in the syllabus and/ or promotional pamphlets. Incomplete/ inadequate information may result in delay in processing.

The completed form, together with the related documents, should be sent to the Radiographers Board by-

E-mail: rgb@dh.gov.hk

Post: 2/F, Shun Feng International Centre, 182, Queen's Road East, Wan Chai,

Hong Kong Fax: 2865 5540

Particulars of Applicant

Name of Applicant (Surname first)	
Registration No.	E-mail Address
Address	
Telephone Number	Fax Number
A. Particulars of Programn	<u>ne Organizer</u>
Name of Programme Organizer	
Address of Organizer	
Name of Contact Person	
Title or Position	
Telephone Number	Fax. Number
E-mail Address	

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B. Details of Activity/ Programme

1.	Title of the non-accredited activity/ programme
2.	The activity is*:
	 □ Profession-related (PR) □ Other healthcare or information technology related (OR)
3.	Date, time and duration (Please <u>also</u> specify the duration of your attendance if it is different from the duration of the activity/ programme.)
4.	Venue
5.	Contents
6.	Personnel Teachers, trainers, presenters, speakers, facilitators, etc. for the activity/ programme to be assessed:
	Name(s) Professional Qualifications Position/Title

^{*} Please refer to item 3.3. of the Manual for CPD for the definition of PR and OR CPD activities.