



## NOTIFICATION OF ACCREDITED CPD ACTIVITY

### Notification of accredited CPD activity

1. This form is to be completed by the DHP accredited CPD provider for each accredited CPD activity and will be used to populate the online calendar of accredited CPD activities.
2. This form must be submitted to the DHP-AS **at least 6 – 8 weeks** before the start date of the CPD activity by the designated CPD lead/provider.
3. Once this form is complete, please submit in **MS Word format** by e-mail to **the related CPD provider**

4.

Name of activity																	
Activity Code																	
Activity Type	<p>Please choose one of the options below from the CPD Framework table</p> <table border="0"> <tr> <td><u>Accredited Group Learning</u></td> <td><u>Accredited Assessment</u></td> </tr> <tr> <td><input type="checkbox"/> live, face-to-face conference</td> <td><input type="checkbox"/> knowledge assessment program</td> </tr> <tr> <td><input type="checkbox"/> live, face-to-face symposia</td> <td><input type="checkbox"/> simulation</td> </tr> <tr> <td><input type="checkbox"/> live, face-to-face seminar</td> <td><input type="checkbox"/> multisource feedback</td> </tr> <tr> <td><input type="checkbox"/> live, face-to-face workshop</td> <td><input type="checkbox"/> clinical audit</td> </tr> <tr> <td><input type="checkbox"/> educational rounds</td> <td><input type="checkbox"/> direct observation assessment</td> </tr> <tr> <td><input type="checkbox"/> journal clubs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> online synchronous &amp; blended learning</td> <td></td> </tr> </table>	<u>Accredited Group Learning</u>	<u>Accredited Assessment</u>	<input type="checkbox"/> live, face-to-face conference	<input type="checkbox"/> knowledge assessment program	<input type="checkbox"/> live, face-to-face symposia	<input type="checkbox"/> simulation	<input type="checkbox"/> live, face-to-face seminar	<input type="checkbox"/> multisource feedback	<input type="checkbox"/> live, face-to-face workshop	<input type="checkbox"/> clinical audit	<input type="checkbox"/> educational rounds	<input type="checkbox"/> direct observation assessment	<input type="checkbox"/> journal clubs		<input type="checkbox"/> online synchronous & blended learning	
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Date range of accreditation (dd/mm/yyyy - dd/mm/yyyy)																	
Date(s) of activity (dd/mm/yyyy)																	
Location of activity (city or web address)	Doha: Hamad Medical Corporation																
Contact name, email address & website for registration																	
Has the CPD activity been sponsored by one or more sponsors?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Is the activity Co-developed / Co-provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
If yes, indicate by whom?																	

Co-developed by (if applicable)	
Target audience (check all that apply)	<input type="checkbox"/> Allied health professionals <input type="checkbox"/> Complementary Medicine <input type="checkbox"/> Dentists <input type="checkbox"/> Nurses <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physicians



	<input type="checkbox"/> Other (please list): <b>Please note that this activity is:</b> <input type="checkbox"/> <b>for HMC staff only</b> <input type="checkbox"/> <b>for selected or invited audience only</b> <input type="checkbox"/> <b>open</b>
Maximum allowed number of attendees per offering	<input type="text"/>
Name of accredited CPD provider organization	Hamad Medical Corporation ( <u>HGI-02</u> )
Date range of CPD Accreditation (dd/mm/yyyy-dd/mm/yyyy)	1/1/2019-31/12/2023
Date of Approval of Activity (dd/mm/yyyy)	
Maximum number of accredited hours for the activity	
Chair of the CPD approval committee (name, email address)	