**Notification of change of existing accredited CPD face to face activity to Virtual Delivery**

1. This form is to be completed by the CPD coordinator or lead for each accredited CPD activity changing format.
2. Once this form is complete, please submit **in MS Word format** **at least 2 weeks ahead of the change** by e-mail to **CPD section lead**

|  |  |
| --- | --- |
| Name of activity |  |
| Activity Code |  |
| Activity Type |  |
| Date range of current accreditation  (dd/mm/yyyy - dd/mm/yyyy) |  |
| Agreed accredited hours |  |
| Start date of change (dd/mm/yyyy) |  |
| Location of activity  (city or web address) | Doha: Hamad Medical Corporation |
| Contact name, email address, phone number |  |
| Confirm that objectives, content and expected outcomes suitable for online format (e.g. no hands-on/ simulation). |  |
| Confirm no change in activity objectives, content or dates (apart from live streaming instead of face-to-face). |  |
| How will activity be broadcast? Eg Teams/ WebEx/ other (specifiy) |  |
| How will 25% interactivity be provided? Eg pauses for Q &A, Panel Questions, chat monitor for questions and comments Polling, quiz? |  |
| How will activity attendance be monitored/ recorded to allow accurate monitoring of attended hours? |  |