

Form #1-B

Philippine Medical Association
COMMISSION ON CONTINUING MEDICAL EDUCATION

GROUP APPLICATION FOR CME UNITS

COMPONENT/AFFILIATE
SOC./ORGANIZATION: _____

ACTIVITY: _____ DATE: _____

VENUE: _____ TIME: _____

	<u>TOPICS</u>	<u>SPEAKERS</u>	<u>PMANO</u>	<u>PRCNO</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

LIST OF PARTICIPANTS/ATTENDEES

NO.: PRINT FULL NAME : PMANO: PRCNO: SIGNATURE

1. : _____
2. : _____
3. : _____
4. : _____
5. : _____

(Use as many pages as needed)

TOTAL NO. OF PARTICIPANTS/ATTENDEES: _____

SIGNATURE OF CME COORDINATOR: _____

PLEASE DO NOT WRITE BELOW:

CME UNIT GRANTED: _____

SIGNATURE OF COMMISSIONER IN CHARGE

SIGNATURE OF PMA-CME CHAIRMAN