



BARBADOS MEDICAL COUNCIL

MEDICAL PRACTITIONER'S APPLICATION FOR CONTINUING PROFESSIONAL EDUCATION CREDIT POINTS

Name of Practitioner [capitals]: _____

Mailing Address: _____

Tel. No.: _____ Email: _____

■ **Participation/attendance at approved conferences, courses, etc.**

Title, date of conference/course[s] and hours attended

[1] _____

[2] _____

[3] _____

[4] _____

[5] _____

[Applications should be supported by a brochure of the conference and certification of attendance]

Credit points
For official use only

■ **CPE presentation**

Title and date of meeting: _____

Topic/Title of presentation: _____

[Application should be supported by a copy of the presentation]

Credit points
For official use only

■ **Publication**

Title of Publication: _____

Authors: _____

Citation and date of publication: _____

[Application should be supported by a copy of the publication]

Credit points
For official use only

N.B.: Application forms are available from the Secretary, Barbados Medical Council and must be completed in full

■ **BMC Approved graduating/postgraduate qualification:**

Title and date of qualification: _____

[Application should be supported by official documentation]

Credit points
For official use only

■ **BMC Approved post graduate training/course:**

Title and year of registration: _____

[Application should be supported by official documentation]

Credit points
For official use only

■ **Journal subscriptions and other approved CPE activity:**

- [1] _____
- [2] _____
- [3] _____
- [4] _____
- [5] _____

Evidence of subscription[s] should be attached; (max. of 5)

[Application should be supported by appropriate documentation]

Credit points
For official use only

Signature of Applicant: _____ **Date:** _____

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Approved by:

Chairman: _____

Committee Member: _____

Date: _____

Summary of credit points
For official use only

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