



APPLICATION FORM FOR CPD PROVIDERS

From: _____

Date: ____/____/____

To
The Registrar,
MEDICAL COUNCIL OF MAURITIUS
One Way Floreal Road
Cite Mangalkhan
FLOREAL

Dear Sir,

Re: Request for approval of the Medical Council to provide CPD courses or training programmes for general practitioners and/or specialists

Kindly refer to the Press Communique dated July 23, 2016.

This is to inform you that _____ regularly conducts
(name of institution/association/person)
CPD programmes/training programmes for general practitioners and/or specialists.

I/we understand that the CPD for the medical profession will become mandatory as from August 01, 2016 and that only those medical practitioners who accumulate a minimum of 12 credit points in a year will have their names included in the annual List of the Medical Council and that the number of credit points for the period August 01 to December 31, 2016 will be only 5 points.

I/We have to further inform you that I/we am/are agreeable to adopt the guidelines for CPD providers issued by the Medical Council of Mauritius.

I/we am/are therefore submitting my/our application to the Medical Council of Mauritius to be considered as a CPD provider for the period August 01, 2016 to July 31, 2019.

I/we take note that the Medical Council (CPD) Regulation 2016 can be obtained from the website of the MCM in due course.

Thanking you.

Yours faithfully,

Name of Signatory: _____