



APPLICATION FORM FOR FACILITATORS

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 act as CPD facilitators

This is to inform you that _____ regularly organizes
(name of organization)
CPD programmes/training programmes for general practitioners and/or specialists.

I/We understand that promotional events organized by pharmaceutical companies will not be accredited. To qualify for accreditation, pharmaceuticals must organize CPD with CPD providers and speakers.

_____ is therefore submitting an application to obtain an
(name of organization)
approval to become a CPD facilitator i.e facilitating the organization of CPD by CPD providers and/or speakers.

I/We have to further inform you that I/we have taken note of the guidelines for CPD providers issued by the Medical Council of Mauritius.

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

Thanking you.

Yours faithfully,

Name of Signatory: _____