



**APPLICATION FORM FOR SPEAKERS PARTICIPATING IN CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAMME in order to earn CPD points as a speaker**

**(The speaker needs at least 5 years of experience in the field of expertise for approval)**

Date: -----

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

Dear Sir,

**Re: Request to participate as a speaker in Medical Continuing Professional Development (CPD) programme**

I intend to give medical CPD courses/training programmes to doctors for the following institutions/associations/other (please give details)

1. -----
2. -----
3. -----

- I hereby apply to be eligible to earn CPD points as a speaker as per Schedule Regulations (3) (2) .
- I am enclosing my biodata for your kind perusal.
- I have read and understood the CPD guidelines for CPD providers/speakers. (can be viewed from [www.medicalcouncilmu.org](http://www.medicalcouncilmu.org))
- I have no conflict of interest to declare.
- I have the following interest to declare: -----
- As per Section 5(1) (b) of the Medical Council (Continuing Professional Development) Regulations 2016, I will send a detailed abstract.

My field of expertise is 1. -----

2. -----

I will encourage participants to send the evaluation feedback form (which can be downloaded from [www.medicalcouncilmu.org](http://www.medicalcouncilmu.org)) to MCM at [mcm.cpd@gmail.com](mailto:mcm.cpd@gmail.com) within 2 weeks of attendance.

Yours sincerely,

Signature

Name : \_\_\_\_\_

Qualifications : \_\_\_\_\_ Year of qualification: \_\_\_\_\_

Medical Council Registration Number: \_\_\_\_\_

**For Office Use Only**

Approval: Y/N

Biodata submitted: Y/N