



**COMMUNIQUE**  
**MEDICAL COUNCIL OF MAURITIUS**

**Continuing Professional Development**  
**Application form for approval of CPD Event**

Name of CPD Provider: .....

Title of CPD Event: .....

Date of CPD Event: .....

Venue: .....

.....

Number of seats available: .....

Target Audience: .....

Open/On Invitation: .....

Biodata of Speaker enclosed: Yes  No

Abstract of CPD event enclosed: Yes  No

Signature of CPD Provider: .....

Date: .....

***(Kindly note that approval for CPD event must be submitted at least 4 weeks prior to the event)***

**For office use only**

CPD Points: .....

Approved: YES  NO