



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 the approval of the Medical Council of Mauritius to provide CPD courses/training programmes for general practitioners and/or specialists in Mauritius.

As per CPD Regulations, I/We request the approval of the Medical Council of Mauritius to provide CPD courses/training programmes for general practitioners and/or specialists in Mauritius. As a CPD Provider I/We will submit a list of proposed CPD courses or training programmes, accompanied by a detailed course contents including biodata and abstract of the speakers for approval at least 4 weeks prior to the event in CPD application form as annexed.

I/We shall ensure that I/We will keep a formal attendance register and will send a certified copy to Medical Council of Mauritius within 14 days.

I/We will inform the Council of any change in the details of programme by a fresh application.

I/We understand that failure to comply with the above may entail to non-renewal or termination of accreditations.

Thanking you.

Yours faithfully,

Name of Signatory:

For Office use only:

Approved

Yes

No

Signature: _____

Date: _____