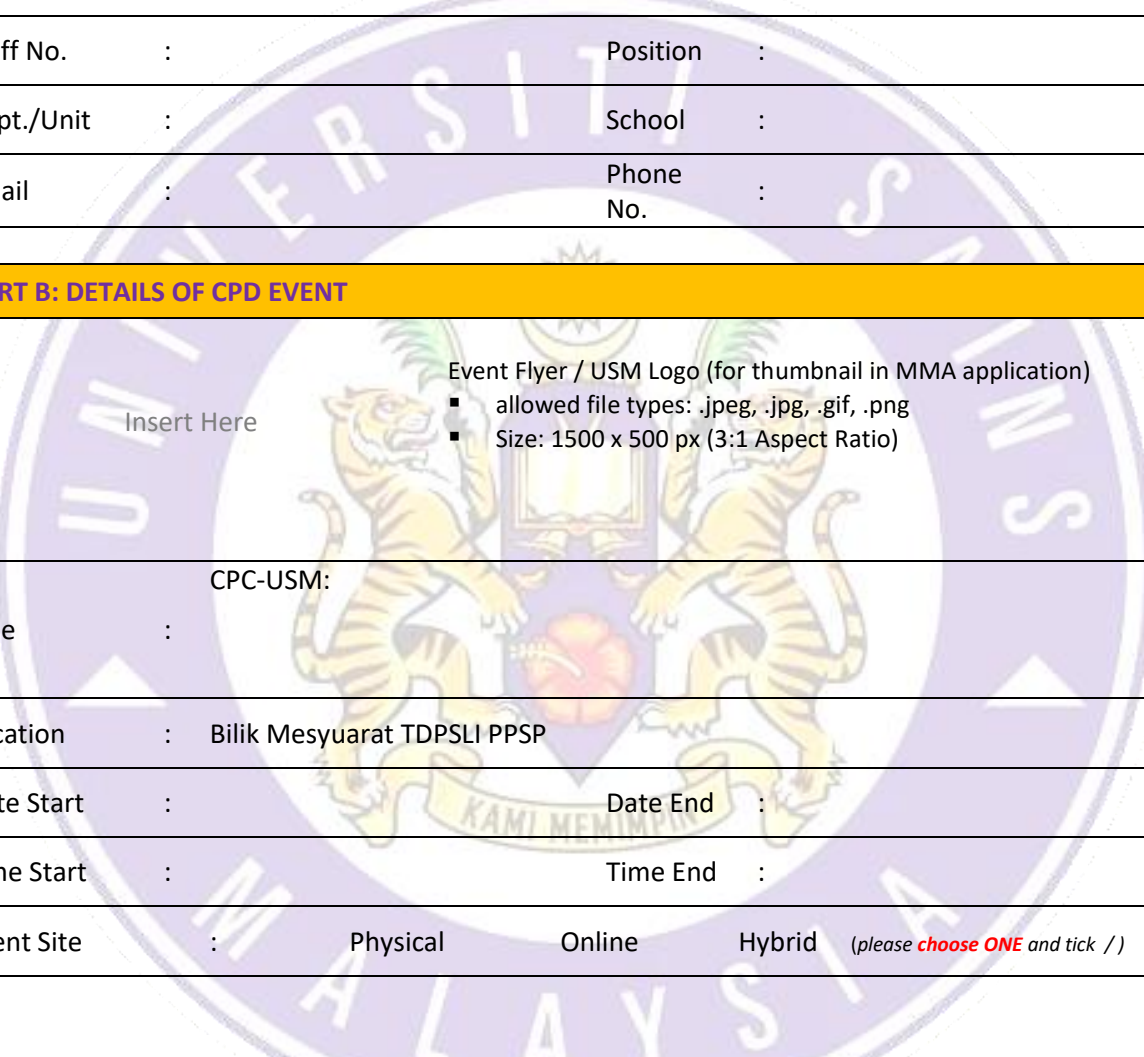


Note: This form is only for applying MMA-CPD for CPC PPSP . Please fill out this **form** and submit together with **CV** for each speaker(s)

Disclaimer: This form is only used for PPSP staff and students only

**MMA-CPD REGISTRATION FORM  
FOR CPC PPSP  
SCHOOL OF MEDICAL SCIENCES  
UNIVERSITI SAINS MALAYSIA**



| PART A: DETAIL OF APPLICANT (Contact person in charge of the event organization)                   |  |
|--|--|
| Name   | :  |
| Staff No.  | : Position :   |
| Dept./Unit   | : School :   |
| Email  | : Phone No. :  |
| PART B: DETAILS OF CPD EVENT   |  |
| Insert Here<br> | Event Flyer / USM Logo (for thumbnail in MMA application)<br><ul style="list-style-type: none"> <li>▪ allowed file types: .jpeg, .jpg, .gif, .png</li> <li>▪ Size: 1500 x 500 px (3:1 Aspect Ratio)</li> </ul> |
| Title  | : CPC-USM:   |
| Location   | : Bilik Mesyuarat TDPSLI PPSP  |
| Date Start   | : Date End :   |
| Time Start   | : Time End :   |
| Event Site   | : Physical      Online      Hybrid (please <b>choose ONE</b> and tick /)   |
| Target Audience  | :  |

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**Event Synopsis:**

"Brief description based on the Event Title", "List of Topics", "Limited to how many Pax", "Website link"



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### PART C: DETAIL OF SPEAKERS

Please email softcopy of Resume/CV for each Speaker(s)  
(allow file types: .pdf only)

1. Speaker Name : Picture:  
➤ max. 2MB / 400x400 pixel  
➤ allow file types: .jpeg, .png  
  
Speaker/Topic Synopsis:

2. Speaker Name : Picture:  
➤ max. 2MB / 400x400 pixel  
allow file types: .jpeg, .png  
  
Speaker/Topic Synopsis:

3. Speaker Name : Picture:  
➤ max. 2MB / 400x400 pixel  
allow file types: .jpeg, .png  
  
Speaker/Topic Synopsis:

4. Speaker Name : Picture:  
➤ max. 2MB / 400x400 pixel  
allow file types: .jpeg, .png  
  
Speaker/Topic Synopsis:

5. Speaker Name : Picture:  
➤ max. 2MB / 400x400 pixel  
allow file types: .jpeg, .png  
  
Speaker/Topic Synopsis:

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|  |  |
|--|--|
| <p>6. Speaker Name :</p> <p>Speaker/Topic Synopsis:</p>  | <p>Picture:<br/>➤ max. 2MB / 400x400 pixel<br/>allow file types: .jpeg, .png</p> |
| <p>7. Speaker Name :</p> <p>Speaker/Topic Synopsis:</p>  | <p>Picture:<br/>➤ max. 2MB / 400x400 pixel<br/>allow file types: .jpeg, .png</p> |
| <p>8. Speaker Name :</p> <p>Speaker/Topic Synopsis:</p>  | <p>Picture:<br/>➤ max. 2MB / 400x400 pixel<br/>allow file types: .jpeg, .png</p> |
| <p>9. Speaker Name :</p> <p>Speaker/Topic Synopsis:</p>  | <p>Picture:<br/>➤ max. 2MB / 400x400 pixel<br/>allow file types: .jpeg, .png</p> |
| <p>10. Speaker Name :</p> <p>Speaker/Topic Synopsis:</p> | <p>Picture:<br/>➤ max. 2MB / 400x400 pixel<br/>allow file types: .jpeg, .png</p> |

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**PART D: DETAIL OF SPONSOR OR CO-ORGANISER** \*if any

1. Name :

Sponsor Image : (allow file types: .jpeg, .jpg, .gif, .png)

Link :

Description :

**PART E: NSR SPECIALIST CATEGORY** (can choose more than one and tick /)

|                          |                                 |                          |                                    |
|--------------------------|---------------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | Adolescent Medicine             | <input type="checkbox"/> | Anaesthesiology And Critical Care  |
| <input type="checkbox"/> | Arthroplasty                    | <input type="checkbox"/> | Breast And Endocrine Surgery       |
| <input type="checkbox"/> | Cardiology                      | <input type="checkbox"/> | Cardiothoracic Surgery             |
| <input type="checkbox"/> | Child And Adolescent Psychiatry | <input type="checkbox"/> | Clinical Genetics                  |
| <input type="checkbox"/> | Clinical Haematology            | <input type="checkbox"/> | Clinical Oncology                  |
| <input type="checkbox"/> | Clinical Radiology              | <input type="checkbox"/> | Communicable Disease               |
| <input type="checkbox"/> | Colorectal Surgery              | <input type="checkbox"/> | Developmental Paediatrics          |
| <input type="checkbox"/> | Dermatology                     | <input type="checkbox"/> | Environmental Health               |
| <input type="checkbox"/> | Endocrinology                   | <input type="checkbox"/> | Family Medicine                    |
| <input type="checkbox"/> | Family Health                   | <input type="checkbox"/> | Gastroenterology & Hepatology      |
| <input type="checkbox"/> | Forensic Psychiatry             | <input type="checkbox"/> | General Pathology                  |
| <input type="checkbox"/> | General Paediatrics             | <input type="checkbox"/> | Geriatric Medicine                 |
| <input type="checkbox"/> | General Surgery                 | <input type="checkbox"/> | Gynae-Oncology                     |
| <input type="checkbox"/> | Haematology                     | <input type="checkbox"/> | Hepatobiliary Surgery              |
| <input type="checkbox"/> | Health Management               | <input type="checkbox"/> | Intensive Care (Medicine)          |
| <input type="checkbox"/> | Infectious Diseases             | <input type="checkbox"/> | Maternal Fetal Medicine            |
| <input type="checkbox"/> | Internal Medicine               | <input type="checkbox"/> | Military Medicine                  |
| <input type="checkbox"/> | Medical Oncology                | <input type="checkbox"/> | Nephrology                         |
| <input type="checkbox"/> | Neonatology                     | <input type="checkbox"/> | Neurosurgery                       |
| <input type="checkbox"/> | Neurology                       | <input type="checkbox"/> | Obstetrics And Gynaecology (O & G) |
| <input type="checkbox"/> | Non-Communicable Disease        | <input type="checkbox"/> | Ophthalmology                      |
| <input type="checkbox"/> | Occupational Health             | <input type="checkbox"/> | Orthopaedic Surgery                |
| <input type="checkbox"/> | Orthopaedic Oncology            | <input type="checkbox"/> | Paediatric Cardiology              |
| <input type="checkbox"/> | Otorhinolaryngology             | <input type="checkbox"/> | Paediatric Endocrinology           |
| <input type="checkbox"/> | Paediatric Dermatology          | <input type="checkbox"/> | Paediatric Haematology & Oncology  |
| <input type="checkbox"/> | Paediatric Gastroenterology     | <input type="checkbox"/> | Paediatric Intensive Care          |
| <input type="checkbox"/> | Paediatric Infectious Diseases  | <input type="checkbox"/> | Paediatric Neurology               |
| <input type="checkbox"/> | Paediatric Nephrology           | <input type="checkbox"/> | Paediatric Respiratory Medicine    |
| <input type="checkbox"/> | Paediatric Orthopaedics         | <input type="checkbox"/> | Paediatric Surgery                 |
| <input type="checkbox"/> | Paediatric Rheumatology         | <input type="checkbox"/> | Palliative Medicine                |
| <input type="checkbox"/> | Paediatrics And Child Health    | <input type="checkbox"/> | Psychiatry                         |
| <input type="checkbox"/> | Plastic Surgery                 | <input type="checkbox"/> | Radiation Oncology                 |
| <input type="checkbox"/> | Public Health Medicine          | <input type="checkbox"/> | Respiratory Medicine               |
| <input type="checkbox"/> | Rehabilitation Medicine         | <input type="checkbox"/> | Sports Medicine                    |
| <input type="checkbox"/> | Rheumatology                    | <input type="checkbox"/> | Upper Git Surgery                  |
| <input type="checkbox"/> | Spine Surgery                   | <input type="checkbox"/> | Vascular Surgery                   |
| <input type="checkbox"/> | Thoracic Surgery                | <input type="checkbox"/> | Urology                            |

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## **APPROVAL PROCESS FOR CPD ACTIVITIES**

Disclaimer: This form is only used for PPSP staff and students only

1. Email to [aizat@usm.my](mailto:aizat@usm.my)

I. (USM) MMA-CPD Registration **Form**

II. **CV** Speakers

- max. 3MB
- allow file types: .doc, .docs, .docx, .pdf

Additional requirements:

III. Picture of Speaker <sup>\*if any</sup>

- max. 2MB / 400x400 pixel
- allow file types: .jpeg, .png

2. All applications should be **submitted not later than 40 days** before the date of the CPD event. All applications will be **process within 3 working days**. **Late applications** or **postdated applications** submitted after the event date shall **not be processed**

3. Once after the approval has been obtained, no amendments shall be made in title/ event site/ synopsis/ agenda/ target audience. Any amendments requested will be sent back for approval process 40 days prior to the event. **Do not resubmit same topics** as each event has a unique ID

4. Incomplete/ inadequate information may **delay** the approval process.

5. Approved CPD events will be **automatically advertised** on the MMA CPD Mobile App.

6. Doctors who attended in the MMA CPD system will **automatic CPD point accreditation** based on their correct IC or passport numbers.

Thank you.

Form Update:  
March 2019 (1<sup>st</sup>)  
March 2023 (2<sup>nd</sup>)  
November 2025 (3<sup>rd</sup>)