

Note: Please fill out this **form** and submit together with **itinerary programme** and **CV** for each speaker(s)  
 Disclaimer: This form is only used for PPSP staff and students only

**MMA-CPD REGISTRATION FORM**  
 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**

<p>Event Flyer / USM Logo (for thumbnail in MMA application)</p> <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> <p>Insert Here</p>			
Title	:		
Location	:		
Date Start	:	Date End	:
Time Start	:	Time End	:
Event Site	:	Physical	Online    Hybrid <i>(please <del>choose</del> ONE and tick /)</i>
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: ➤ max. 2MB / 400x400 pixel allow file types: .jpeg, .png</p>
<p>7. Speaker Name :</p> <p>Speaker/Topic Synopsis:</p>	<p>Picture: ➤ max. 2MB / 400x400 pixel allow file types: .jpeg, .png</p>
<p>8. Speaker Name :</p> <p>Speaker/Topic Synopsis:</p>	<p>Picture: ➤ max. 2MB / 400x400 pixel allow file types: .jpeg, .png</p>
<p>9. Speaker Name :</p> <p>Speaker/Topic Synopsis:</p>	<p>Picture: ➤ max. 2MB / 400x400 pixel allow file types: .jpeg, .png</p>
<p>10. Speaker Name :</p> <p>Speaker/Topic Synopsis:</p>	<p>Picture: ➤ max. 2MB / 400x400 pixel 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

## **APPROVAL PROCESS FOR CPD ACTIVITIES**

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

- I. (USM) MMA-CPD Registration **Form**
  - allow file types: .doc, .docs, .docx only
- II. **Itinerary** Programme
  - max. 5MB
  - allow file types: .jpeg, .jpg, .doc, .docs, .docx, .pdf
- III. **CV** Speakers
  - max. 3MB
  - allow file types: .doc, .docs, .docx, .pdf

Additional requirements:

- IV. Event Flyer <sup>\*if any</sup>
  - allow file types: .jpeg, .pdf
- V. 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. For all activities, **evidence of attendance** verification is required.
6. **Itinerary:** Provider's Logo must be indicated at the top of all documents/flyers/agenda. Pharma/ Sponsor Logo must only be indicated at the bottom of the documents/flyers/agenda. Only the Pharma / Sponsor logo on all documents/flyers/agenda without the Provider's Logo is strictly NOT allowed.
7. All documents submitted in the application must be finalised versions. Do not use "tentative" in file names and no changes will be allowed to prevent delays.

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8. **Poster:** Provider's Logo must be indicated at the top of all documents/flyers/agenda. Pharma/ Sponsor Logo must only be indicated at the bottom of the documents/flyers/agenda. Only the Pharma / Sponsor logo on all documents/flyers/agenda without the Provider's Logo is strictly NOT allowed.

9. **Do not state** "CPD Points Available" on any of the event documents, until/unless the CPD application for that event has been approved by the CPD committee and CPD points awarded.

10. Based on the quality standards of the Malaysian Medical Council, if the event includes public/postgraduate students/non-doctors, the event is not eligible for CPD points.

11. 1 CPD point will be awarded for **1-hour CPD talk with a maximum of 10 minutes Q&A**. Duration for Q&A should not exceed 25% of the total duration of the session/talk (excluding registration and breaks).

12. Only 1 CPD point is awarded for educational sessions/activities conducted within the unit/department regardless of duration of the event.

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

14. Organiser should send **attendance** to email above, within 7 days after the event (excel with format provided). Doctors who attended in the MMA CPD system will **automatic CPD point accreditation** based on their IC numbers.

Thank you.

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

**LOGO**

## TITLE:

Date	
7:00 am to 8:00 am	Registration and Breakfast
8:00 am to 8:15 am	Welcome Speech by Chairman
8:00 am to 9:00 am	<b>CPD Topic 1: <i>Title</i> by Speaker: <i>Dr Name</i></b>
9:00 am to 10:00 pm	<b>CPD Topic 2: <i>Title</i> by Speaker: <i>Dr Name</i></b>
10:00 am to 10:30 am	Break
10:30 am to 12:00 pm	Case Presentation: <b>Title :</b>
12:00 pm to 1:30 pm	Lunch
1:30 pm to 2:30 pm	<b>CPD Topic 3: <i>Title</i> by Speaker: <i>Dr Name</i></b>
2:30 pm to 3:00 pm	Case Presentation: <b>Title :</b>
3:00 pm to 3:30 pm	Break
3:30 pm to 4:30 pm	Case Presentation: <b>Title :</b>
4:30 pm to 5:00 pm	Closing Q&A