



**Application Form for CPD Verification for Activities Organized by Other Professional Bodies**

1. Name of Accredited Mediator	
2. Membership Number	
3. Application Date	
4. Personal Contact	Tel: _____ e-mail: _____
5. Name of the Activity Organizer	
6. Date and Venue of the Activity	
7. Brief descriptions of the Activity including the number of hours	
8. Any materials (e.g. program flyer, outline of the activity) submitted	No Yes, including:
<i>FOR OFFICIAL USE</i> <i>Action taken on application:</i>	<i>The activity is endorsed by HKMC with _____ hours of CPD granted</i>
	<i>The activity is not endorsed by HKMC</i>

***I fully understand the CPD Verification Procedure of HKMC CPD Policy and apply for CPD Verification.***

**Signature** \_\_\_\_\_