**CPD ACTIVITY COMPLETION STATEMENT**

*(PAID CPD ACTIVITY ONLY)*

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| Your deadline for returning this is **30 days after each activity date.**  Please submit this to the respective **CPD Program Lead** (e.g. **NMED, Pharmacy, Dental, AHP, DLMP, Ambulance Services, Physicians**) where you applied for CPD accreditation.Please submit to MedEdCPDApplication@hamad.qa, MedEdCPDEvents@hamad.qa and cc’d Dr. Muthusamy Thevar Sevugapandian Vijay Jeganath MJeganath@hamad.qa. **If the accredited CPD activity is through Medical Education CPD Program only.**Thanks. |
| **Activity Name:**  |  |
| **Activity Code:**  |  |
| **Activity Date (s):** | **(Number of Attendees/day)** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Number of All Participants (HMC and non-HMC):**  |  |
| **Total Number of External Participants (Non-HMC only):** |  |
| 1. In Qatar
 |  |
| 1. Outside Qatar
 |  |
| **Type of Support Received**  [ ] In-kind [ ]  Financial [ ] Both In-kind & Financial |
| **Source(s) of Financial Support** Government agency (e.g. MoPH, PHCC), Healthcare facility (e.g. Sidra), HMC Medical Education, Department Opex Fund, Conference Ring-Fenced Fund), Not for Profit Organization (e.g. QNRF, Academia) For Profit Organization (e.g. Pharmaceutical Company, Medical Device Company, Communications Company), Registration Fee  |
|  |
| **Source(s) of In-kind Support: (For help, kindly r**efer to the Listin the Sources of Financial Support) |
|  |
|  **Financial Summary:** |
|  | **Projected/Estimated** | **Actual**  | **Variance** |
| Funding: |  |  |  |
| Expenditure: |  |  |  |
| Total Remaining Balance: |  |
| **Completed By:** | **Name and Signature:** **Date: ………………………………** |