**CPD ACTIVITY COMPLETION STATEMENT**

*(PAID CPD ACTIVITY ONLY)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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](mailto:MedEdCPDApplication@hamad.qa), [MedEdCPDEvents@hamad.qa](mailto:MedEdCPDEvents@hamad.qa) and cc’d Dr. Muthusamy Thevar Sevugapandian Vijay Jeganath [MJeganath@hamad.qa](mailto: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)** | |
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|  | | |  | |
| **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: ………………………………** | | | |