

## SINGAPORE MEDICAL COUNCIL

16 College Road #01-01, College of Medicine Building, Singapore 169854 CME Hotline: 6355-2458 / Fax Number: 6258-2134

## ATTENDANCE RECORD FOR ACCREDITED CME EVENTS

Name	
Organisation	
CME Provider's User ID	СР
Event Title	
Event ID	
Venue	
Event Date / Session Number	
Time (Duration)	

This event is	accredited for	CME	point (	S	).
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Please write down your  $\underline{\mathsf{MCR}}$  Numbers clearly, at the beginning of every session, to facilitate the claiming of CME credits.

<u>SPEAKERS</u>						
S/n	Name in Full	MCF		Signature		
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S/n	Name in Full	MCR Number				nature
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Certif	ied Correct By:					
(Sign	ature/Organisation Stamp)					
Name	<b>)</b> :	Desi	gnation:			
DID:		Date	o:			

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