

ELECTIVE (Special Interest)
Mandatory for HIGHER TRAINING
(40 hours maximally)

Approval: Y/N/NO need

Period: _____ Number of hours: _____

Topic/ Title: _____ Organizer: _____

Details of Educational Activity:

6. What is the relevance of the topic to your practice?

7. What new information have you learned?

8. Is the new information applicable to your practice? *Please delete if appropriate*

Yes *(Please go to Qn 4)*

No/Others *(please elaborate)* _____

9. How are you going to apply this new information to your daily practice?

10. Overall comments:

N.B. Please make copies of this form as needed.