

**DECLARATION FORM**

To: Singapore Medical Council  
CME Secretariat  
16 College Road #01-01  
College of Medicine Building  
Singapore 169854  
Fax: 6221-0558

Dear Sir / Madam

- I wish to submit an application for lower compulsory CME requirements.
- I declare that:
  - I am currently not actively practising and have no regular patient contact.
  - I will be ceasing active practice with effect from \_\_\_\_\_ and will no longer have regular patient contact after that.

I undertake that in the event I should resume active practice anytime in the future, I will inform the Council immediately and in the 6-month period prior to resuming to active practice, I shall obtain:

- (a) at least 12 CME points from Category 1 activities (i.e. Category 1A, 1B and 1C); or
- (b) at least 12 points from more than one CME Category, of which 6 points must be from Category 1 activities.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Name : \_\_\_\_\_

MCR No. : \_\_\_\_\_ Tel No.: \_\_\_\_\_

Email: : \_\_\_\_\_

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**(For official use only)**

Decision of Council:

\*Approved/ Not Approved

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

\*Delete where appropriate.