

Activity Code: _____

ZIAUDDIN UNIVERSITY

4/B, SHAHRAH-E-GHALIB, BLOCK-6 CLIFTON KARACHI-75600

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CPE ACTIVITY REQUEST FORM

SECTION A

• Date of submission: _____

• Activity Director: _____

a. Title/designation: _____

b. Department: _____

c. PMDC # : _____

d. E-mail: _____

e. Contact: Cell #: _____

Extension #: _____

• Activity Facilitators(if any)

SNO	Name	PMDC#	Title Dept.	Email	Cell#
1.					
2.					
3.					

SECTION B

• **Name of Activity:** _____

• **Type of Activity: (Fill the column in accordance to the activity type)**

▶ Live Scheduled Activity (LSA are planned programs which are open for all and held involving participants from outside the university. These activities may be conducted in collaboration with unrestricted educational grant from pharmaceutical companies.)

■ Date of activity: _____

■ Live conference/ workshop/ course/ lecture series

(circle any one)

■ Time: _____

■ Venue: _____

■ Expected number of participants: _____

■ Target audience: _____ the session is open for all

■ Enduring material to be shared:

ppt presentation/ printed educational material/ website address

▶ Regularly Scheduled Activity (RSA are ongoing educational activities conducted at the department involving the faculty/ residents/fellows of the university only. These are solely departmental or inter departmental.)

■ Department: _____

■ Venue: _____

■ Day: _____

■ Frequency: _____

■ Time: _____

■ Grand round/ M&M/ Case based studies/ tumor boards/ faculty forum/ sessions/ lecture series/ journal club

Others (specify):

■ Certification Cycle:

○ Annually

○ Quarterly

○ Monthly

■ External participants

○ Yes number of participants. _____

○ No

▶ Program description (write few sentences about the format and frequency of the program)

It is a regular lecture series for the awareness about different pathological conditions.

► Learning Objectives:

List a brief description of learning objectives.

1.

2.

3.

4.

► Method of Evaluation (participant)

■ Pre test

■ Post test

■ Others

Method of Evaluation (facilitator)

■ Evaluation form

SECTION C

►Funding/ Commercial Support

- Is the activity funded?

- Yes

- No

- If yes, please provide list of supporting organization along with the contact details.

►Joint sponsorship

- Is the activity jointly sponsored?

- Yes

- No

- If yes please provide the joint sponsor(s) full name and address:

Agreed & Accepted

I have reviewed this document and accept responsibility for content, quality and scientific integrity of the activity and certify that all required documentation has been provided and that I am aware of all the guidelines and procedures.

(Activity Director) Name

Signature

Date

(Activity Director) Name

Signature

Date

Department of Continuing Professional Education (for Office Use Only)

Fee charged _____

Approval Date _____

Credit Hour allocated _____

Comments _____

This activity meets the criteria for the derived CPE credit award.

DCPE Office

Dean

Vice Chancellor

Prepared by
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Ext: 567