



The Hong Kong Academy of Nursing & Midwifery
香港護理及助產專科學院

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CNE APPLICATION

**Application for Programmes /Activities Vetting and Granting of CNE Points
via Professional Development Committee – CNE Planning Panel**

Title of Programme:	
Date:	
Time:	
Venue:	
Proposed CNE Points:	
Programme Planner:	
Aims and Objectives:	
Speaker: (professional qualification or CV)	
Target No. of Participants:	
Teaching Method:	
Poster: (if applicable)	
Assessment of learning method: (if applicable)	
Course Evaluation:	

Vetted and Approved by:

Signature: _____

Name:

Position:

Date: