



ASSOCIATION OF GENERAL PRACTITIONERS OF JAMAICA (AGPJ)
CME Event Support Request Form

Partner Organization Name: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Event Title: _____

Event Date: _____

Do you need the following services?

| Service | Yes | No |
|--|--------------------------|--------------------------|
| 1) Accreditation Support: AGPJ will facilitate accreditation of Partner's CME events through MCJ-NCCME or CCFP-NCCME. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) IT Support: Assistance with hybrid and virtual event execution, including technical setup. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Distribution of CME Certificates: AGPJ will oversee the issuance and distribution of CME certificates to attendees. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Promotional Material Design: Designing and developing promotional flyers for Partner's accredited events. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Provision of Zoom Platform: Ensuring a stable and professional virtual environment for CME activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Advertising and Promotion: Marketing and promoting events through AGPJ's established channels. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) CME Certificate Design: Ensuring professionally designed and standardized CME certificates. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Event Reporting: Providing Partner with post-event reports, including attendee details and copies of CME certificates distributed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Application Process: Partner is required to submit applications for accreditation through the prescribed form for each hosted meeting. | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Notes or Special Requests: _____

Submission Requirements:

Please attach the following documents to complete your application:

- ✓ Event Agenda
- ✓ Speaker Bios
- ✓ Program Goals & Objectives

Authorized Representative Name: _____

Date: _____

EMAIL FORM TO agpjamaica@gmail.com and AN ESTIMATE OF QUOTATION WILL BE FORWARDED UPON SUBMISSION OF THIS DOCUMENT