

Ref. no.: _____

Continuous Profession Development
Reporting Form – Quality Improvement Activity

1. Personal details:

Name:

HKIST Number:

Contact telephone number:

Email address:

2. Topic of quality improvement activity:

3. Planning of solution(s) (Plan)

4. Implementation of solution(s) (Do)

5. Monitoring of solution(s) (Check)

6. Evaluation of solution(s) (Act)

Signature of member: _____

Remarks: please attach support document for our reference