



Application for Exit Fellowship Examination

in the Subspecialty of *Occupational and Environmental Medicine/Public Health Medicine/Administrative Medicine

**Please delete what does not apply*

Please complete this form in block letters and black ink

Full Name: _____
 (as per Identity Document) Surname First Name

Name in Chinese: (if applicable) _____ ID No. _____

Sex: _____ Date of Birth: _____ (dd/mm/yy)

Correspondence Address: _____

Contact No.: _____ Fax No.: _____ E-mail Address: _____

Basic Medical Qualification:

| <u>Qualification</u> | <u>Granting Authority</u> | <u>Year Obtained</u> |
|----------------------|---------------------------|----------------------|
| | | |

Other Qualifications:

| Qualification (by exam) | Granting Authority | Date Obtained (dd/mm/yy) |
|-------------------------|--------------------|-----------------------------|
| Basic (Part I) | | |
| Intermediate (Part II) | | |
| Others | | |

Previous attempt(s) at Exit Fellowship Examination *Yes / No

**Please delete what does not apply*

If yes, please specify date (dd/mm/yy) _____/_____/_____
 _____/_____/_____

Professional Training and Appointments

(in chronological order, including current appointment):

| Hospital/Institutions | Departments | Positions | From/To (dd/mm/yy) | F/P [^] | Duration Accredited for Training (Y/N) | |
|-----------------------|-------------|-----------|-----------------------|------------------|--|-------|
| | | | | | Basic | Higer |
| | | | | | | |

[^] Please indicate F (full time) / P (part time) as appropriate.

I am applying to sit for the Exit Fellowship Examination in _____ / _____ as advertised by the College.
(mm) (yy)

- I declare that the particulars given in this application are true and accurate.
- I declare that I **have** / **have not** been convicted of an offence punishable by imprisonment (in Hong Kong or elsewhere), and that I **have** / **have not** been found guilty of professional misconduct by the Medical Council of Hong Kong, or any similar regulatory authority outside Hong Kong. (*If yes, please provide the relevant documents.*)
- I attach a *crossed cheque / direct transfer record of \$ _____ payable to the Hong Kong College of Community Medicine.

**Please delete what does not apply*

Signature: _____ Date: _____

Please note that the information provided will be used solely for the purposes of processing your application and to facilitate training and examinations in the future. In accordance with the Personal Data (Privacy) Ordinance, you have the right to request access to or correction of personal data provided on this form.

| Submission Channels | Payment Methods |
|--|--|
| <ol style="list-style-type: none"> 1. Post: To the Honorary Secretary, c/o Secretariat, Hong Kong College of Community Medicine Room 908, 9/F, HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen, HK 2. Submit to the College in person 3. Email Address: hkccm@hkam.org.hk 4. Fax: 2580 7071 | <ol style="list-style-type: none"> 1. Cheque payable to “Hong Kong College of Community Medicine” by post or in person 2. Online Banking: Bank: HSBC Bank code: 004 Account No.: 047-214036-001 Account Name: Hong Kong College of Community Medicine 3. FPS ID: 118288547 |