

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	Higher

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

I am applying to sit for the Part II 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