



Application to be a Fellow

I hereby apply for admission to the Hong Kong College of Community Medicine as a Fellow in *PHM/AM/OEM. My particulars are as follows:

Name: (surname first) _____

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

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

Correspondence Address: _____

Tel. No.: _____ (Office) _____ (Mobile/Pager)

Fax No.: _____ E-mail Address: _____

MCHK Number: _____

Basic Medical Qualification:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____
_____	_____	_____

Other Qualifications:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return the completed form to Dr Jackie Leung, Hon Secretary
c/o Secretariat, Hong Kong College of Community Medicine
Room 908, 9/F, HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen, HK
(Fax : 2580 7071)

Supervised Specialist Training:

<u>Date</u>		<u>Training Unit</u>
_____	to _____	_____
_____	to _____	_____
_____	to _____	_____
_____	to _____	_____
_____	to _____	_____
_____	to _____	_____
_____	to _____	_____
_____	to _____	_____

Years of full time experience in the specialty: _____

Number of credit points accumulated : _____

Number of review meetings attended: _____

Number of presentations made at review meetings: _____

Date of Passing Part I Examination: _____ (mm/yy)

Date of Passing Part II Examination: _____ (mm/yy)

Date of Passing Exit Examination: _____ (mm/yy)

Signature : _____

Name : _____

Present Post : _____

Institute : _____

Date : _____

(*Delete as appropriate)

The personal data collected in this application will be used solely for training/examination organized by the HKCCM.