

Supervised Specialist Training:

<u>Date (dd/mm/yy)</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)

- 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: _____

Name: _____

Present Post: _____

Institute: _____

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

Guidance Notes

1. **Annual subscription for each member** is due on 1st October in each calendar year and will cover a period of 12 months ending on 30 September of the ensuing year. Members who are admitted between 1st October and 31st March of the subscription year shall pay the full amount of the subscription, and those who are admitted between 1st April and 30th September of the subscription year shall pay half of that amount.

2. **Annual subscription for Retired members** is at 25% of the annual subscription for the respective local membership category.

To avail of this special rate, retired members are required to submit a formal letter confirming their retirement from all remunerative practice/job/business. The letter should be sent to the College Secretariat no later than 30th September. Upon receipt and processing of the application, retired members will be eligible for the reduced rate for the upcoming subscription year. Members concerned must inform the College Secretariat immediately should there be any change of their retirement status and the reduced rate will cease to apply thereafter.

3. **Members residing overseas:**

Annual Subscription for members residing overseas is at 50% of the annual subscription for the respective local membership category.

Annual Subscription for retired members residing overseas is at 12.5% of the annual subscription for the respective local membership category.

4. **Annual subscription for fellows (local or overseas) aged over 65** is at 25% of the annual subscription for the Fellow.

Applications in writing are required. Applications should be sent to the College Secretariat providing an age verification document for record purposes.

The Fellow will be required to continue paying the full rate if he/she does not apply for the reduced rate.

	Admission Fee	Annual Subscription Fee
Honorary Fellow	\$0	\$0
Fellow	\$10,000	\$3,650
Associate Fellow	\$1,300	\$1,850
Associate Member	\$650	\$750
Affiliate Fellow	\$500	\$550
Affiliate Member	\$400	\$460

The following table illustrates the applicable membership fee according to the date of submission:

Submission Period	Admission Fee	Annual Subscription Fee
1 October – 31 March	Full rate	Full rate
1 April – 31 September	Full rate	Half rate