



## Eligibility to Apply for Higher Specialist Training in PHM

### **Part A** (to be filled by trainee)

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: \_\_\_\_\_

Office Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

Dates of review with trainer on progress of training: Date of admission as BST: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Date of passing Part I Exam: \_\_\_\_\_

### **Part B** (to be filled by trainer)

With respect to the content of the Basic Specialist Training as set out in paragraph 7 of Section III of the *Hong Kong College of Community Medicine Training and Examination Guidelines for the Subspecialty of Public Health Medicine*, I am of the view that Dr. \_\_\_\_\_ has completed Basic Specialist Training to my satisfaction.

\_\_\_\_\_  
Name of trainer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date