



香港社會醫學學院  
HONG KONG COLLEGE OF COMMUNITY MEDICINE  
founder College of the Hong Kong Academy of Medicine  
Incorporated with limited liability



Hong Kong College of Community Medicine  
Public Health Medicine

**Eligibility to apply for Higher Specialist Training**

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

Full Name: \_\_\_\_\_

Chinese Name (if applicable): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

\_\_\_\_\_

Office address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office)

Date of admission as BST: \_\_\_\_\_

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

Dates of review with trainer on progress of training:

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

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

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

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

**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