



Application for Exit Fellowship Examination

in the Subspecialty of *Occupational and Environmental Medicine/Public Health Medicine/Administrative Medicine

Please complete in block letters and black ink

Name: _____
(Surname) (Given Name) (Other Name)

Name in Chinese: _____ Sex: * Male / Female

Date of Birth: _____ / _____ / _____ ID No. _____ ()
dd mm yy

Correspondence Address: _____

Contact Tel. No.: _____ Fax No.: _____ E-mail Address: _____

Basic Medical Qualification:

Qualification Granting Authority Date Obtained (d/m/y)

Other Qualifications:

Qualification (by exam)	Granting Authority	Date Obtained (d/m/y)
Basic (Part I)		
Intermediate (Part II)		
Others		

Previous attempt(s) at Part III Fellowship Examination *Yes / No

If Yes, please specify date (d/m/y) _____ / _____ / _____

(*Delete as appropriate)

Professional Training and Appointments

(in chronological order, including current appointment):

Hospital/Institutions	Departments	Positions	From/To (d/m/y)	F/P [^]	Duration Accredited for Training	
					Basic	Higher

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

Please tick box, sign and date.

- I confirm I have sent my completed training logbook to the Censor of the Subspecialty Board.
- I attach a crossed cheque of \$10,000 made payable to the "Hong Kong College of Community Medicine".

I declare that the above information is true and accurate.

Signature: _____ Date: _____

Please note that the information provided will be used solely for the purpose of processing your application. 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.

Please return the completed form 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

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