

## 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

# **Application for Part II Fellowship Examination** in the Subspecialty of Administrative Medicine

Please complete in block letters and black ink

	(Surname)	(Given Name)		(Other Name)	
Name in Chinese:			Sex: * Male / Female		
Date of Birth:	/ dd	 	ID No.	(	
Correspondence A	Address:	 			
Contact Tel. No.:					
Basic Medical (	Qualification:				
Qualification		Granting Authority		Date Obtained (dd/mm/yy)	
Other Qualifica	ntions:				
Qualification (by exam)		Granting Authority		Date Obtained (dd/mm/yy)	
Basic (Part I)				(dd/mm/yy)	
Others					

### **Professional Training and Appointments**

(in chronological order, including current appointment):

Hospital/Institutions	Departments	Positions	From/To (dd/mm/yy)	F/P^	Duration Accredited for Training		
					Basic		
			(tta min yy)		Basic	Higher	
 ^ Please indicate F(full time) / P	 (part time) as app	propriate.					
I apply to sit for the Part II Fellowship Examination in/ as advertised by the College.							
Please tick box, sign and date.							
☐ I attach a crossed cheque of <b>HK\$13,000</b> made payable to the "Hong Kong College of Community Medicine".							
I declare that the above infor	mation is true a	nd accurate.					
Signature:		Г	Oate:				
Please note that the informatio with the Personal Data (Privacon this form.	n provided will be	e used solely for					
Please return the completed form Secretariat, Hong Kong College o Room 908, 9/F, HKAMJC Buildin The personal data collected in thi	of Community Med ng, 99 Wong Chuk	licine Hang Road, Aber		nizad b.	the HKCCM		

### **Examination Fee**

<b>Examinations</b>	Administrative <u>Medicine</u>	Occupational and Environmental Medicine	Public Health Medicine
Part I Exam	HK\$10,400	HK\$10,400	HK\$10,400
Part II Exam	HK\$13,000	Written: HK\$15,000 Practical: HK\$15,000	HK\$13,000
Exit Exam	HK\$13,000	HK\$13,000	HK\$13,000