



香港社會醫學學院  
HONG KONG COLLEGE OF COMMUNITY MEDICINE  
Room 908, 9/F, HKAMJC Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

## Application to be a Fellow

I hereby apply for admission to the Hong Kong College of Community Medicine as a Fellow in \*PHM/AM/OM. My particulars are as follows:

Name: (surname first) \_\_\_\_\_

Name in Chinese: (if applicable) \_\_\_\_\_ ID No. \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (dd/mm/yy)

Correspondence Address: \_\_\_\_\_

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

Fax No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Registration with Hong Kong Medical Council: \_\_\_\_\_ (mm/yy)

### Basic Medical Qualification:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____
_____	_____	_____

### Other Qualifications:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return the completed form to Dr Mandy Ho, Hon Secretary  
c/o Secretariat, Hong Kong College of Community Medicine  
Room 908, 9/F, HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen, HK  
(Fax : 2580 7071)

**Supervised Specialist Training:**

<u>Date</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)

Signature : \_\_\_\_\_

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

Present Post : \_\_\_\_\_

Institute : \_\_\_\_\_

Date : \_\_\_\_\_

(\*Delete as appropriate)