

## 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 I Fellowship Examination

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

#### Please complete in block letters and black ink

Name:	(Carre one o)		(Civan Nama		(Other News)	
	(Surname)	<del>-</del>	(Given Name	) <sub>]</sub>	(Other Name)	
Name in Chinese:				Sex: * 1	Male / Female	
Date of Birth:	/		/	ID No	(	
Correspondence A	<i>dd</i> Address:	mm 	уу			
			Fax No.: E-mail Address:			
Basic Medical Q Qualific			Granting Author	Date Obtained (d/m/y)		
Other Qualificat  Qualification	ions: (by exam)		Granting Author	Date Obtained (d/m/y)		
Previous attempt(	s) at Part I Fel	lowship Exami	nation	*Yes / No		
If Yes, please spec	-	y)	//			

**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					
			( <i>a/m/y</i> )		Basic					
$^{\text{Please indicate }F(\text{full time}) / P(\text{part time})}$ as appropriate.										
I apply to sit for the Part I Fellowship Examination in/ as advertised by the College.										
Please tick box, sign and date.										
<ul> <li>* I attach a copy of the application for UKFPHM Part I membership examination.         <i>NB. You need to apply to UKFPHM separately for the conjoint Part I Examination in PHM.</i></li> <li>I attach a crossed cheque of \$8,000 made payable to the "Hong Kong College of Community Medicine".</li> </ul>										
I declare that the above information is true and accurate.										
Signature:		Da	te:							
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.