



## 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: \_\_\_\_\_  
(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 (dd/mm/yy)
_____	_____	_____

### Other Qualifications:

Qualification (by exam)	Granting Authority	Date Obtained (dd/mm/yy)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If Yes, please specify the date (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(\*Delete as appropriate)

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

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

I apply to sit for the Part I Fellowship Examination in \_\_\_\_\_ / \_\_\_\_\_ as advertised by the College.  
(mm) (yy)

Please tick box, sign and date.

☐

I attach a copy of the application for UKFPHM Part I membership examination. \*(PHM only)  
NB. You need to apply to UKFPHM separately for the conjoint Part I Examination in PHM.

☐

I attach a crossed cheque of **HK\$10,400** 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.

## Examination Fee

<b><u>Examinations</u></b>	<b><u>Administrative Medicine</u></b>	<b><u>Occupational and Environmental Medicine</u></b>	<b><u>Public Health Medicine</u></b>
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