

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 confirm I have sent my completed training logbook to the Censor of the Subspecialty Board.
- I attach a crossed cheque of **HK\$13,000** 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.

Examination Fee

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