



**Application for Part II Written / Clinical* Fellowship Examination
in the Subspecialty of Occupational and Environmental 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)
Basic (Part I)		
Others		

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

If Yes, please specify the date (dd/mm/yy) _____ / _____ / _____
(*Delete as appropriate)

(in chronological order, including current appointment):

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

Please tick box, sign and date.

I declare that the above information is true and accurate.

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