

Hong Kong College of Physicians
(Incorporated in Hong Kong with limited liability)
Specialty in Geriatric Medicine
Exit Assessment

Higher Physician Training (HPT) Application Form

All sections are mandatory

1. Surname _____ 2. First name _____
3. ID Number _____ (the first 4 digits)
4. Hospital _____ 5. Unit _____
6. Region *(Hong Kong / Kowloon / New Territories)
7. Date started Higher Physician Training _____
8. Concurrent or completed training in other specialties _____
9. I wish to apply for entry into Exit Assessment* in _____ in June / December 20__.

I declare that I will have been qualified for / will be able to qualify of the Exit Assessment by *31 March of the following year / *by 30 September of the same year.

10. Have you been rotated to a general medical unit of hospital with obstetric service for three months during BPT or HPT (applicable only for trainees who start BPT from 1 July 2009 onwards)? *Yes/*No
11. *I agree to submit my dissertation before the date specified by the Specialty Board and I understand that failure to comply will automatically disqualify me for the Examination.

11.1 The title of my dissertation is: _____

11.2 I do solemnly and sincerely declare that the dissertation submitted *represents my own work/contains previously published work. My consent is hereby given to the College to keep a copy of my dissertation, in written and/or electronic format, at the College Secretariat and allow the public to have free access to the work for reference.

12. I shall not be able to take part in Exit Assessment in June / December 20__ as I shall be pursuing overseas study then.

13. ***I hereby consent to the release of any and all information in any way pertaining to all my Exit Assessment results to Hospital Authority (HA), Specialty Programme Director (SPD) and Chief of Service (COS) or any government agency requiring the same whether or not listed above.***

- Note*
- 1 *Delete whichever is inappropriate
 - 2 Candidates who have to write their dissertations should refer to Section on “Guidelines on Writing a Dissertation” for instructions.

Signature of Applicant

Date

Application for Exit Assessment

TESTIMONIAL

Specialty in **GERIATRIC MEDICINE**

To be completed by Trainers.

The College fully expect **Trainers** to refuse to sign testimonials for candidates whose training is considered to be unsuitable or who are regarded as being unfit in moral character or professional conduct to be admitted to Fellowship. Should the candidate fail the examination badly, the College will notify the proposers and may require evidence of further training before the examination can be taken again.

We certify from personal knowledge and repute that

FULL NAME OF CANDIDATE _____

is as regards character and professional conduct, a fit and proper person to be admitted a Fellow of the Hong Kong College of Physicians, and also that he/she has had a period of training which complies with the most recent College Guidelines.

Signature of Proposer (1) _____ Date _____

Signature of Proposer (2) _____ Date _____

Details of Proposer (1)
(Normally the Candidate's Supervisor)

Details of Proposer (2)
(Normally the Candidate's Chief of Service)

Name _____

Name _____

Professional Appointment _____

Professional Appointment _____

Address _____

Address _____

Relevant Qualification _____

Relevant Qualification _____

**Please return to:
Examination Co-ordinator of each Specialty Board before 31 January or July each year.**