

Instruction to Applicants

1. All applications must be typed. Handwritten forms will not be processed.
2. All applications must be completed in full. “*Non-applicable*” should be inserted whenever information required cannot be provided for reasons other than omission or failure.
3. All documents required in support of the application must be submitted (including primary medical qualification).
4. All diplomas must be certified true copies by either a notary public or Head of Department or Chief of Service under whom the applicant currently works. Applicants in private practice may personally present their diplomas to a current Council Member of the College for certification.
5. With effective from 29 January 2008, all applicants should attach the letter issued by the Basic Physician Board certifying the completion of Basic Physician Training.
6. With immediate effect, under “Training in Internal Medicine”, one supervisor cannot sign for all training records in different hospitals. Applicants should ask the relevant supervisors to sign on respective training records.
7. With immediate effect, the names of the proposer and seconder under section B and C respectively should be written in full. Initials of names are not accepted (e.g. Dr Chan Tai Man should not be written as Dr TM Chan).

Declaration before Notary Public/Commissioner for Oath

With effective from 1 January 2000, the captioned declaration, which serve to confirm the information provided, must be submitted together with the application.



HONG KONG COLLEGE OF PHYSICIANS APPLICATION FOR MEMBERSHIP

This form should be completed and returned to
 Hon Secretary
 Hong Kong College of Physicians
 Room 603, Hong Kong Academy of Medicine
 Jockey Club Building
 99 Wong Chuk Hang Road
 Aberdeen, Hong Kong

Office use only
 Accepted
 Rejected
 Date of Council Meeting _____

Surname _____ Given Name(s)(in full) _____

Name in Chinese _____ Title _____ Sex _____ Marital Status _____

(if applicable)

Date of Birth _____ Place of Birth _____ Nationality _____

HKID Card No/Passport No _____ HK Medical Council Registration No _____

Home address _____

Office address _____

Tel No _____ Pager No/Mobile _____

Current position & institution _____

Training in Internal Medicine (In chronological order)

Dates		Post/Position	Department/Unit	Institution/Hospital	Supervisor	
From dd/mm/yy	To dd/mm/yy				Name	Signature

* Training period after internship to obtaining higher professional qualification e.g. MRCP or equivalent.

Academic & Professional Qualifications (Please attach certified proof of qualifications – certified by Department Head)

Qualification & Awarding Institute	Date Obtained month/year
Intermediate Examination Certificate	
MRCP (UK)	
Others	

Membership Category	Name of Society	Date Admitted month/year

Publications

I confirm that the above information is accurate and I wish to apply for Membership in Hong Kong College of Physicians.

Signature _____ Date _____

SECTION B TO BE COMPLETED BY THE SUPERVISOR

I hereby propose _____ for admission as a Member of Hong Kong College of Physicians.

Signature _____ Name (in full) _____

Date _____

SECTION C TO BE COMPLETED BY PROGRAMME DIRECTOR (OR EQUIVALENT FOR APPLICANT TRAINED OVERSEAS)

I hereby second the proposal that _____ be admitted as a Member of Hong Kong College of Physicians.

Signature _____ Name (in full) _____

Date _____

TO

HONG KONG COLLEGE OF PHYSICIANS

Declaration by Membership Applicant

I, _____(Name), holder of Hong Kong ID No _____ of _____(Address), the undersigned, do solemnly and sincerely declare that the facts submitted herein for the purpose of assessment for College Membership are correct. My consent is hereby given to the College, whenever it deems necessary, for the release of the above-mentioned data to the relevant authority/authorities and to visit/call at the Institutions where I have had practised or am practising for the purpose of verifying the above data.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declaration Ordinance.

Declared at

)
)
)
) _____
) (Dr _____)
)
)
)
)
)

this day of

Before me,

Notary Public/
Commissioner for Oath

Chop _____