

Instructions to Applicants

1. All applications must be typed. Handwritten forms will not be processed.
2. All applications must be completed in full. “*Not-applicable*” should be inserted whenever information required cannot be provided for reasons other than omission or failure.
3. **Documentation:** All documents required in support of the application must be submitted and the appropriate boxes ticked clearly on the first page.
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.

Documentation

Each of the following must accompany this application for consideration by the Membership Committee. Tick against items enclosed with this form.

1. Photocopy of medical diploma(s)
2. Letter(s) and/or diploma(s) verifying postgraduate training in General Internal Medicine
3. Letter(s) and/or diploma(s) verifying academic appointment(s), where applicable
4. Letter(s) and/or diploma(s) verifying hospital appointment(s), where applicable
5. Letter(s) and/or diploma(s) verifying specialty training
6. Letter(s) and/or diploma(s) verifying Higher Physician Training experience
7. Two letters of reference, one each from the proposer and the seconder
8. At least one additional letter of reference from overseas training supervisor and/or department head, where applicable

Referee’s Endorsement (This section must be read by all referees)

1. *Referees must be Fellow of the Hong Kong College of Physicians of more than five years’ standing.*
2. *Referees must be able to comment on the applicant with regard to his/her*
 - (i) Professional competence, knowledge and skills;*
 - (ii) Personal character, including integrity; and*
 - (iii) Interpersonal relationship, ability to work harmoniously with colleagues, and whether he/she is responsible and conscientious, and*

Should conclude on the suitability of the applicant for Fellowship. Applications will not be processed without the above information.

Declaration before Notary Public/Commissioner for Oath

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

HONG KONG COLLEGE OF PHYSICIANS

APPLICATION FOR FELLOWSHIP

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
Council Meeting : No. _____
Date _____

All items should be completed in chronological order. Enter "NA" for "Not applicable" where appropriate. Use additional sheets where appropriate.

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

Name in Chinese(WHERE APPLICABLE) _____ Title _____ Sex _____ Marital Status _____ (M/S/W)

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 Phone No. _____

Current position & institution _____

I wish to be accredited in the Specialty of

- | | |
|---|--|
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Immunology & Allergy |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Clinical Pharmacology & Therapeutics | <input type="checkbox"/> Medical Oncology |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Dermatology & Venereology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Endocrinology, Diabetes and Metabolism | <input type="checkbox"/> Palliative Medicine |
| <input type="checkbox"/> Gastroenterology & Hepatology | <input type="checkbox"/> Rehabilitation Medicine |
| <input type="checkbox"/> Geriatric Medicine | <input type="checkbox"/> Respiratory Medicine |
| <input type="checkbox"/> Haematology & Haematological Oncology | <input type="checkbox"/> Rheumatology |

Please tick where appropriate

Documentation

Each of the following must accompany this application for consideration by the Membership Committee. Tick against items enclosed with this form.

- Photocopy of medical diploma(s)
- Letter(s) and/or diploma(s) verifying postgraduate training in General Internal Medicine
- Letter(s) and/or diploma(s) verifying academic appointments(s), where applicable
- Letter(s) and/or diploma(s) verifying hospital appointment(s), where applicable
- Letter(s) and/or diploma(s) verifying specialty training
- Two letters of reference, one each from the proposer and the seconder
- At least one additional letter of reference from overseas training supervisor and/or department head, where applicable

Has your medical licence ever been suspended or terminated? Yes No
Have you ever had your hospital privilege denied, reduced in scope or rescinded for whatever cause? Yes No
Have you ever had disciplinary action taken against you at any time by medical societies, academic institutions or government agencies or medical councils? Yes No
Have you ever been convicted of or guilty to a felony or other serious crimes? Yes No

Explain fully on separate page if reply is "Yes" to any of the above.

I hereby certify that all information recorded on this application and attached documents is accurate and supports my qualifications for Fellowship in the Hong Kong College of Physicians for which I now apply. I hereby agree that the Hong Kong College of Physicians may verify any of the above data. If elected, I agree to conform to the Constitution and Bylaws of the College.

Authorisation for Release of Information

I hereby consent to the release by any hospital, educational institution, governmental agency, physician, professional society, or other person possessing or requiring the same whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience or professional competence.

I hereby release from any liabilities any and all individuals and organisations or their authorised representatives who provide this information in good faith and without malice subject to this consent.

I hereby release from all liabilities the Hong Kong College of Physicians and any and all individuals for their acts performed in good faith and without malice in connection with the evaluation of my application and my credentials and qualifications.

Applicant's Signature _____ Date _____

Referee's Endorsement

As a referee in support of this application, I certify that I have reviewed this application and found it accurate to the best of my knowledge.

Proposer (Training supervisor of local applicants, or senior Fellow of the HK College of Physicians in the same specialty in case of applicants trained outside Hong Kong)

Proposer's Signature _____

Name (in full) _____ Date _____

Seconder (Training supervisor of applicants, or senior Fellow of the HK College of Physicians in the same specialty in case of applicants trained outside Hong Kong)

Seconder's Signature _____

Name (in full) _____ Date _____

