## **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, <u>must</u> 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)		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	Pag	er No/Mobile Phone No.	
Current position & institution				
I wish to be accredited in the Specialty of				
□ Internal Medicine			gy & Allergy	
Cardiology		Infectious		
Clinical Pharmacology & Therapeutics		Medical O		
Critical Care Medicine		Nephrolog		
<ul> <li>Dermatology &amp; Venereology</li> <li>Endocrinology, Diabetes and Metabolism</li> <li>Palliative Medicine</li> </ul>				
<ul><li>Endocrinology, Diabetes and Metabolism</li><li>Gastroenterology &amp; Hepatology</li></ul>			tion Medicine	
Geriatric Medicine			y Medicine	
Haematology & Haematological Oncology 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.

- $\Box$  Photocopy of medical diploma(s)
- Letter(s) and/or diploma(s) verifying postgraduate training in General Internal Medicine
- $\Box$  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
- $\Box$  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

Fellowship Form
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## Qualifications

- □ Intermediate Examination Certificate
- Other Internal Medicine Qualifications MRCP, American Board or equivalent\* Others (specify)
- □ Member of the HK College of Physicians
- Exit Examination: Specialty \_\_\_\_\_\_
  - Specialty \_\_\_\_\_ Specialty \_\_\_\_\_

M	Y
M	Y
M	Y
M	Y
M	Y
M	Y
M	Y
M	Y

Date

\* Delete where appropriate

## **Undergraduate Training**

Education	Institution	City	Country	Date Graduated	Degree
Primary Degree					
Medical Degree					

### Postgraduate Training and Academic/Hospital Appointments

Institution	Location	Specialty	Position	Supervisor	Inclusive Dates	Duration

## **Medical Society Memberships**

Society	Office Held (If any)	Dates

#### **Publications**

Please list according to the categories listed. Supply information of published papers in Vancouver style. Do not send reprints of articles, abstracts, etc.

Published papers in peer reviewed journals	
Textbook chapters, invited articles, and reviews	
Published abstracts	
Miscellaneous	

# Participation in and/or Attendance at Scientific Meetings in past five years

Conference/Symposium	Location	Year	Duration (days)

		Fellowship Form Page 5 of 6
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

)

# HONG KONG COLLEGE OF PHYSICIANS

# **Declaration by Fellowship 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 Fellowship 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.

) ) ) ) (Dr

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Declared at

this

day of

Before me,

Notary Public/ Commissioner for Oath

Chop \_\_\_\_\_

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