

Hong Kong College of Physicians

(Incorporated in Hong Kong with limited liability)

Specialty in GERIATRIC MEDICINE

Interim 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 shall take part in Interim Assessment in June / December 20__.
- *10. I shall not be able to take part in Interim Assessment in June / December 20__ as I shall be pursuing overseas study then.
11. 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

*Note *Delete whichever is inappropriate*

Signature of Applicant

Date

Note: Please ensure that you have submitted your completed logbook to your supervisor, for onward transmission to your Programme Director before your Interim Assessment process.