Form R-1 (Dec 2015)

Name of Nominee

HONG KONG ACADEMY OF MEDICINE

NOMINATION FOR FELLOWSHIP

Name of College

_______________________________________________

Specialty

_______________________________________________

For Office Use Only

Date received: __________________________________________

Name: ___________________________ Person ID: ______________

App. No. ____________________________

Entrance fee payment details

<table>
<thead>
<tr>
<th>Name of Bank:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheque No.:</td>
<td>Cheque Amount:</td>
</tr>
</tbody>
</table>
**IMPORTANT:**
- Please read the Notes carefully before completing this Form.
- Please complete all sections in BLOCK LETTERS and in BLACK.

### Section 1 – Personal Particulars
(see Note 1)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>MCHK/DCHK no.</th>
<th>SR no. (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>□ Dr. □ A. Prof. □ Prof.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forename</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name in Chinese (if any)**

*□ I do not wish to have my Chinese name printed on the FHKAM Diploma.*

<table>
<thead>
<tr>
<th>Date of birth (dd/mm/yyyy)</th>
<th>/ /</th>
</tr>
</thead>
</table>

**Sex:** □ Male □ Female

<table>
<thead>
<tr>
<th>Passport no. (if not holding a HKID Card)</th>
<th>(Expiry Date: ____________)</th>
</tr>
</thead>
</table>

**Name to be printed on FHKAM Diploma**

*Please underline surname*

**HKID Card no.**

**Were you previously registered as a Fellow of the Academy?** □ No □ Yes

### Section 2 – Contact Details
(see Note 2)

<table>
<thead>
<tr>
<th>Mailing address</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*□ Hong Kong □ Overseas*

<table>
<thead>
<tr>
<th>Contact tel. no.</th>
<th>( )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact fax no.</th>
<th>( )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mobile phone no.</th>
<th>Pager</th>
</tr>
</thead>
</table>

**Email address**

*Would you like your email address be shown in the Fellows’ Area of the Academy’s iCMECPD (a secured website) once you are admitted a Fellow of the Academy?** □ Yes □ No

### Section 3 – Current Practice

| Name of organisation / employer | □ CUHK □ Dept. of Health □ HKU □ Hospital Authority (Hospital/Institution: __________________________) □ Private Hospital/Clinic (Name: __________________________) □ Others (please specify) __________________________ |

**Present Position**

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### Section 4 – Medical/Dental Qualifications (see Note 3)

<table>
<thead>
<tr>
<th>Qualifications (by Exam/Assessment)</th>
<th>Awarding Institutions</th>
<th>Date A (dd/mm/yyyy)</th>
<th>Date B (dd/mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate</td>
<td></td>
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<td></td>
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<tr>
<td>Exit</td>
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<td></td>
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<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Admission Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(dd/mm/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Please use separate sheets if space provided is not enough.

*Use separate sheets if space provided is not enough. Please use "F" or "P" to indicate full-time or part-time.

### Section 5 – Professional Training and Appointments (in chronological order, including current appointment)

<table>
<thead>
<tr>
<th>Hospitals/Institutions</th>
<th>Departments</th>
<th>Positions</th>
<th>From/To (dd/mm/yyyy)</th>
<th>F/P*</th>
<th>Duration Accredited for Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Basic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Higher</td>
</tr>
</tbody>
</table>

*delete as appropriate

### Section 6 – HKAM Publication Subscription

HKAM Fellow will receive regular information from the Academy. According to the Personal Data (Privacy) Ordinance, the Academy should obtain Fellow’s consent for the intended use of personal data for direct marketing. *Please tick (A) OR (B) as appropriate:

(A) □ I do not wish to receive promotional materials or direct marketing information from the Academy.

(B) □ I give consent to receive promotional materials or direct marketing information from the Academy, and would like to subscribe the following publication(s) from the Academy (please tick one or more as appropriate):

- □ eNews
- □ Hong Kong Medical Journal (*hard copy / eAlert*)
- □ academy focus (*hardcopy / e-copy*)
- □ Annual Report (*hard copy*)

*delete as appropriate

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Section 7 – NOMINEE’S DECLARATION

1) I confirm that I *have/have not* been convicted of an offence punishable by imprisonment (in Hong Kong or outside Hong Kong).

2) I confirm that I *have/have not* been found guilty of professional misconduct by the Medical Council of Hong Kong, Dental Council of Hong Kong or similar regulatory organisations elsewhere.

____________________________ ______________________________
Nominee’s Signature Date

* Delete as appropriate. If there is any such conviction, details must be enclosed with this form.

Section 8 – COLLEGE’S AUTHENTICATION

I confirm that the nominee is a full member of our College and the information provided in this form is accurate and complete, and that all the requirements for admission of a Fellow of the HKAM have been satisfied.

____________________________ ______________________________
Authorised signature Date

Position at College

IMPORTANT

All information provided in this form will be used for purposes relating to the administration of the Hong Kong Academy of Medicine Ordinance and its By-laws including membership registration. Data collected in this form will be recorded in the Academy’s membership database should the nominee successfully become an Academy Fellow. In addition, the Academy may use the collected data for statistical research and analysis, and for keeping members informed of its services. The Academy may transfer the information to its Colleges, the Medical Council of Hong Kong and Dental Council of Hong Kong for the purpose of vetting subscriptions / CME status and certification for Specialist Registration. Data held by the Academy will be kept confidential and safeguarded carefully.

Personal data will only be collected and used for purposes directly related to the services and activities of the said event, unless otherwise prior consent has been obtained from the nominee. Personal data will not be kept longer than the time needed for the intended purposes. All personal data will be destroyed in 6 months if the nomination is unsuccessful.
NOTE 1 – NAME
The nominee’s name to be registered with the Hong Kong Academy of Medicine (“HKAM”) must be the same as that appears in the nominee’s identity document such as Hong Kong identity card/passport. Additional documentary evidence such as statutory declaration/deed poll/marriage certificate will be required if a different name is to be used in the HKAM’s register.

NOTE 2 – MAILING AND EMAIL ADDRESSES
2.1 The nominee is required to provide his/her current mailing address to which all important letters and publications from the HKAM will be sent.

2.2 The nominee is strongly recommended to provide an email address for faster and more effective communication.

NOTE 3 – MEDICAL/DENTAL QUALIFICATIONS
3.1 Please put down relevant qualifications/examinations (both intermediate and exit) recognised by the HKAM based on which admission is recommended.

3.2 ‘Date A’ refers to the date when the examination/assessment result was promulgated. ‘Date B’ refers to the date when the degree/qualification was conferred.

NOTE 4 – PROCESSING OF NOMINATION
4.1 The HKAM Membership Committee will examine a nomination made on this Form and submit its recommendations to the HKAM Council for approval. Please refer to the Guidance Notes on Admission of Fellows for details.

4.2 The nomination should be submitted to the Academy via College within one month from the date of declaration made by the nominee in the form. Failure to provide full information and evidence may cause delay in the processing of a nomination.

4.3 HKAM reserves the right to verify where necessary the information furnished by the nominee with the referee(s)/employer(s)/parent institute(s)/any third parties concerned.

NOTE 5 – CHANGE OF PARTICULARS
Any change in personal particulars, contact details or employment after the submission of the nomination should be notified to the HKAM in writing. Notification sent via email is not accepted for the purpose. All correspondence sent to the mailing address last provided by the nominee will be deemed to have been received by the nominee, and it is the responsibility of the nominee to update the HKAM of his/her mailing address whenever it is changed.

NOTE 6 – SUPPORTING DOCUMENTS
6.1 Documents submitted, if they are photocopies, must be certified by the College, a Fellow of the HKAM (with his/her full name and fellowship number), a public notary, or a solicitor.

6.2 Nominations must be supported by a full set of documents, including the followings:
   1. Copy of HKID Card/Passport*
   2. Proof of Basic Medical/Dental Qualification
   3. Proof of Recognised Intermediate Examination(s)/Overseas Qualification(s)
   4. Proof of Passing College’s Exit Examination/Assessment

   *The nominee can present the original of his/her HKID Card in person to the Academy for verification instead of submitting a copy. Copy of HKID card, if submitted, will be destroyed within 6 months.

NOTE 7 – ENQUIRIES
For enquiries in relation to the nomination, please contact the HKAM Secretariat.
(Email: hkam@hkam.org.hk; Tel: 2871 8888 or Fax: 2505 5577)

Dec 2015
HKAM FELLOWSHIP NOMINATION
CHECKLIST FOR COLLEGES

Nominee’s Name: _________________________

Medical/Dental Qualifications

☐ All medical/dental qualifications on the Form have been verified by the College.

☐ The Nominee has passed the following medical/dental examinations and obtained relevant qualifications accredited by the College:

☐ Basic exam/qualification
☐ Intermediate exam/qualification
☐ Exit exam or assessment conducted by the College
☐ Other relevant exams/qualifications

☐ There are qualifications on the Form not recognised by the College:

Please specify: ________________________________________________________________
__________________________________________________________________________

Professional Training and Appointments

☐ The nominee has completed at least SIX years of supervised post-registration training recognized by the College

☐ The nominee has completed all required training components prescribed by the College

☐ There are training periods on the Form not recognised by the College:

Please specify: ________________________________________________________________
__________________________________________________________________________

Entrance Fee Payment

☐ Cheque attached

College (Please √): ☐AN ☐CM ☐DS ☐EM ☐FP ☐OG ☐OP ☐OS ☐OT ☐PA ☐PD ☐PH ☐PS ☐RA ☐SU

Responsible staff: ______________________________________________________________

Date: ______________________________________________________________