

Name of Nominee	
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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

Name of Bank: _____

Cheque No.: _____

Cheque Amount: _____

Name of Nominee

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)

Title	<input type="checkbox"/> Dr. <input type="checkbox"/> A. Prof. <input type="checkbox"/> Prof.	MCHK/DCHK no.	SR no. (if any)
Surname			
Forename			
Name in Chinese (if any)			<input type="checkbox"/> I do not wish to have my Chinese name printed on the FHKAM Diploma.
Date of birth (dd/mm/yyyy)	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
HKID Card no.			
Passport no. (if not holding a HKID Card)	(Expiry Date: _____) dd/mm/yyyy		
Name to be printed on FHKAM Diploma (please underline surname)			

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

Section 2 – Contact Details (see Note 2)

Mailing address	_____		

	<input type="checkbox"/> Hong Kong	<input type="checkbox"/> Overseas	
Contact tel. no.	()		
Contact fax no.	()		
Mobile phone no.		Pager	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 3 – Current Practice

Name of organisation / employer (Please tick one only)	<input type="checkbox"/> CUHK <input type="checkbox"/> Dept. of Health <input type="checkbox"/> HKU
	<input type="checkbox"/> Hospital Authority (Hospital/Institution: _____)
	<input type="checkbox"/> Private Hospital/Clinic (Name: _____)
	<input type="checkbox"/> Others (please specify) _____
Present Position	

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

Qualifications (by Exam/Assessment) (dd/mm/yyyy)	Awarding Institutions	Date A (dd/mm/yyyy)	Date B (dd/mm/yyyy)
Basic -			
Intermediate -			
Exit -			
Others -			
College Admission Date (dd/mm/yyyy)		College Member ID	

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

Hospitals/Institutions	Departments	Positions	From/To (dd/mm/yyyy)	F/P*	Duration Accredited for Training	
					Basic	Higher

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

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 / hard copy & eAlert**)
 - academy focus (*hard copy / eAlert**)
 - Annual Report (*hard copy / eAlert**)

**delete as appropriate*

Name of Nominee	
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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.

NOTES

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING FORM R-1

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)

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 : _____