



THE COLLEGE OF SURGEONS OF HONG KONG

Room 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Tel: (852) 2871 8799

Fax: (852) 2515 3198

E-mail: info@cshk.org

APPLICATION FOR NON-FCSHK SPECIALIST CME PROGRAMME ATTACHMENT

IMPORTANT NOTES TO APPLICANTS:

1. This application form should be typed or written in block letters. Please use separate sheets for details or explanations if necessary. The College will not process any incomplete application.
2. You are requested to attach photocopies of the required documents to support information given in your application. These copies are not returnable and will be verified in due course.
3. All information given in this form will be treated **STRICTLY CONFIDENTIAL**.

4. A cheque should be made payable to "The College of Surgeons of Hong Kong **LIMITED**". The cheque will be returned to the applicant by post if the application is unsuccessful.

☞ Admission Fee **HK\$5,000**

☞ Annual Administration Fee of CME Programme Attachment **HK\$ 6,000**

5. Application shall be sent to:

The Secretariat (Non-FCSHK Specialist Joining CME Programme)

The College of Surgeons of Hong Kong

601, Hong Kong Academy of Medicine Jockey Club Building

99 Wong Chuk Hang Road

Aberdeen, Hong Kong

6. For enquiry, please contact the College Secretariat:

Tel: 2871 8799 / Fax: 2515 3198 / Email: info@cshk.org

For Office Use

Applicant Name

Approved by E&EC on

Signature

Approved by Council on

Signature

I PERSONAL PARTICULARS		
Surname:	Given Name (in full):	
Name in Chinese (if applicable):	Date of Birth(dd/mm/yy):	
Hong Kong I.D. Card No/ Passport No:	Sex: Female / Male	(Please delete as appropriate)
Correspondence Address:		Telephone Number
		Office:
		Res.:
Permanent Address:		Mobile:
		Pager:
		Fax:
*Email Address:		
<p>* Remarks: Applicants are required to keep the College informed of the most updated Email Address. The College will not take any responsibility of the consequence if any message delivering to the above email cannot reach you in the future.</p>		
II Current Practice (Please tick below as appropriate) <input type="checkbox"/> Hospital Authority <input type="checkbox"/> University (HKU/CUHK deleted as appropriate) <input type="checkbox"/> Private – Commencement date of practice: _____		
III BASIC MEDICAL QUALIFICATION (e.g. MBBS, etc.)		Date Obtained (Month / Year)
IV PROFESSIONAL QUALIFICATIONS		Date Obtained (Month / Year)

DECLARATION

I hereby declare that I agree to provide the above information to The College of Surgeons of Hong Kong for administrative purposes and the information provided in support of this application is accurate and complete.

I understand that it is my responsibility to inform the College for any change of personal particulars, e.g. Correspondence Address, Place of work, Email Address, etc. The College will not be responsible for any issues arise as a result of failure to inform the College.

_____ (Signature of Applicant) _____ (Date)

I enclose a cheque (No. _____) for **HK\$11,000** made payable to “The College of Surgeons of Hong Kong **LIMITED**”. For the Admission Fee (HK\$5,000) and Administration Fee for the current year (HK\$6,000).

Fees

Admission Fee to CME Programme HK\$ 5,000

Annual Administration Fee of CME Programme HK\$6,000

_____ (Signature of Applicant) _____ (Date)