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THE COLLEGE OF SURGEONS OF HONG KONG

EXIT ASSESSMENT IN VASCULAR SURGERY

APPLICATION FORM

Last name of candidate : _____
(BLOCK LETTERS)

Other names in full : _____
(BLOCK LETTERS)

Date of birth : _____ Sex : _____

Degrees or qualifications where obtained, with dates : _____

(Candidates whose names do not appear in the current medical register must submit evidence of the qualification, and the date of acquirement thereof.)

Full postal address : _____
(for exit assessment notice)

Contact telephone no. : _____ Fax : _____

Pager : _____ Mobile Phone no.: _____

Permanent address : _____

Email address : _____

*Remarks: Applicants are required to provide **the most updated and valid email address and corresponding address**. The College of Surgeons of Hong Kong will not take any responsibility of the consequence if any message delivering to the above email address and corresponding address cannot reach the applicants.*

I wish to apply for the of Exit Assessment in Vascular Surgery to be held in
_____ (month) _____ (year).

Date _____ Signature _____

EXIT ASSESSMENT IN VASCULAR SURGERY

Please seek your existing COS/Supervisor to verify and confirm your rotation training periods listed below are correct and accurate by signing this page with hospital stamp.

Accredited remedial training in Vascular Surgery:-

Period in chronological order & in 3/6 months period		Hospital Name
From (dd/mm/yy)	To (dd/mm/yy)	

Name of existing COS/Supervisor
for current training rotation:

Signature of existing COS/ Supervisor:

Hospital Stamp
(must be in English)

Authorization-Release of Result

I authorize the College of Surgeons of Hong Kong to release the information relating to my training, performance and examination results to my supervisor(s) of respective hospital(s) and accrediting committee of the College for assessment.

Signature of Applicant

Date

IMPORTANT NOTICE

This application and all required supporting documents **MUST** reach to the College of Surgeons of Hong Kong, Room 601, 6th Floor, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong, **on or before the closing date** indicated in the examination calendar, together with the full amount of the fee.

It is the applicant's responsibility to make sure all required documentation and fee are submitted by the required date. Late application or incomplete application (including insufficient postage) will not be accepted. No allowance will be made for postal or other delays.

Candidates intending to withdraw from the examination must inform the College of Surgeons of Hong Kong in writing. **No change can be made after the dates for the oral and clinical examinations have been allocated.**

NOTE: NO APPLICATION FORMS OR DOCUMENTS/CERTIFICATES WILL BE ACCEPTED BY FAX.

**Application received will be acknowledged by email.