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**THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH  
THE COLLEGE OF SURGEONS OF HONG KONG  
JOINT SPECIALTY FELLOWSHIP EXAMINATION IN UROLOGY**

**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 examination 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.*

Date and year of passing Intercollegiate Part 3 Examination \_\_\_\_\_ *(Please enclose certified true copy of your diploma.)*

I wish to apply for the Joint Specialty Fellowship Examination in Urology to be held in \_\_\_\_\_(month) \_\_\_\_\_(year).

I enclose a cheque (no. \_\_\_\_\_) made payable to "**The College of Surgeons of Hong Kong Limited**" for payment of the required fee.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## JOINT SPECIALTY FELLOWSHIP EXAMINATION IN UROLOGY

*Only candidates who hold a Membership of the College of Surgeons of Hong Kong, and who have undertaken a minimum of three and a half years of accredited higher training in Urology in Hong Kong can proceed to sit for this Examination. Successful candidates will not be conferred their diploma until evidence of four years of accredited higher training in Urology has been received.*

**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 higher training in Urology:-

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

\* (Please use separate sheet if space is not enough)

**Name of existing COS/Supervisor  
for current training rotation:**

\_\_\_\_\_

**Signature of existing COS/ Supervisor:**

\_\_\_\_\_

**Hospital Stamp  
(must be in English)**

\_\_\_\_\_

### Mandatory Courses Completed

Name of courses	Date of completing the courses
Basic Laparoscopic and Endoscopic Urology Course	dd/mm/yy
Advanced Laparoscopic and Endoscopic Urology Course	dd/mm/yy
Advanced Trauma Life Support Course (ATLS)	dd/mm/yy
Research Training Workshop	dd/mm/yy

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**Research Project approved by Research Committee**

Name of Research project approved	Date of approval
	dd/mm/yy
	dd/mm/yy

*(Please enclose certified true copy of your Certificate of completion of the above courses and Completion of Research Requirement)*

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**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.

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Signature of Applicant

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Date

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**IMPORTANT NOTICE**

This application and all required supporting documents **MUST** reach to the College of Surgeons of Hong Kong, Room 601, 6<sup>th</sup> 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.

***Applicant must successfully complete 42-month of training by the date of application and the training should NOT be interrupted 6 months prior to the examination.***

A processing fee **HKD \$1,654** will be charged for any unsuccessful application, including incomplete application. It is the applicant's responsibility to ensure that they fulfil the eligibility criteria, and 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. Examination fee, less 20% administration charges, can be returned to the candidate or transferred for the next diet of examination if written notice is received by the College prior to the closing date. Half of the examination fee may be returned or transferred for the next diet of the examination if written notice is received not less than 21 days before the commencement of the examination. After that date no refund or transfer of examination fees will normally be made to candidates who withdraw from or fail to sit for examinations for any reason whatsoever.

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.