	THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH				
e passport	THE COLLEGE OF SURGEONS OF HONG KONG				
otographs here	JOINT SPECIALTY FELLOWSHIP EXAMINATION IN GENERAL SURGERY				
X 2	APPLICATION FORM				
	ne of candidate :				
	Internet in full :				
Date of b	pirth : Sex :				
Degrees	or qualifications where obtained, with dates :				
0					
qualifica	ates whose names do not appear in the current medical register must submit evidence of the ation, and the date of acquirement thereof.)				
	tal address :				
Contact	telephone no. : Fax :				
	Pager : Mobile phone no.:				
Permane	ent address :				
Email ad	ldress :				
address.	Applicants are required to provide the most updated and valid email address and corresponding The College of Surgeons of Hong Kong will not take any responsibility of the consequence if any message g to the above email address and corresponding address cannot reach the applicants.				
	d year of passing Intercollegiate Part 3 Examination(Please enclose certified tra- your diploma.)				
I wish to	apply for the Joint Specialty Fellowship Examination in General Surgery to be held in				
	(month)(year).				
I enclose <u>Limited</u>	e a cheque (no) made payable to " <u>The College of Surgeons of Hong Kor</u> " for payment of the required fee.				
Date	Signature				

JOINT SPECIALTY FELLOWSHIP EXAMINATION IN GENERAL SURGERY

For HK Candidates: 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 General Surgery in Hong Kong can proceed to sit for this Exit Examination.

For Singapore candidates: Only Candidates who hold a Fellowship, Associate Fellowship or Membership of one of the Royal Surgical Colleges of Great Britain and Ireland, and who have undertaken a minimum of three and a half years of accredited higher training in General Surgery in Singapore can proceed to sit for this Exit Examination.

Successful candidates will not be conferred their diploma until evidence of four years of accredited higher training in General Surgery 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.

Period

in chronological order & in 3 or 6 months period
Hospital Name

From (dd/mm/yy)
To (dd/mm/yy)
Hospital Name

Image: Ima

Accredited higher training in General Surgery:-

* (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 Surgery Course	dd/mm/yy	
Advanced Laparoscopic Surgery Course	dd/mm/yy	
Advanced Trauma Life Support Course (ATLS)	dd/mm/yy	
Research Training Workshop	dd/mm/yy	

Research Project approved by Research Committee

Name of Research project approved	Date of completion	
	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)

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	Apr	licant
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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.

Applicant must successfully complete 42-month of training by the date of application <u>and the training should NOT</u> <u>be interrupted 6 months prior to the examination</u>. For applicant who will complete their 42-month of training by 31st December 2023, please enclose a supporting letter from Chief of Service/training supervisor certifying their fulfilment of training period with their application.

A processing fee **HKD \$2,250** 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.

For application withdrawals, please refer to the Regulations of the Conjoint Examination of Joint Specialty Fellowship Examination in General Surgery.

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.