The Membership Examination of
Hong Kong Intercollegiate Board of Surgical Colleges
Part 1 and 2

Application Form

Important Notes to Applicants:

1. Applicants must read the "Eligibility for sitting the Part 1 & 2 Examinations" before completing this application form. This application form should be typed or written in block letters, please use separate sheets for additional information or explanations if necessary.

2. It is the responsibility of the applicant to make sure the application form and all required supporting documents reach the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) Secretariat before the deadline. The HKICBSC will not process any **INCOMPLETE (including insufficient postage) or LATE** application. **No allowance will be made for postal or other delays.**

3. A processing fee **HKD $450** for Part 1 and **HKD $475** for Part 2 will be charged respectively for any unsuccessful application, including incomplete application. It is the applicant's responsibility to ensure that they fulfill the eligibility criteria, and to make sure all required documentation and fee are submitted by the required date.

Eligibility of sitting the Part 1 & 2 Examinations

4. Applicant should fulfill the following requirements in order to sit for these Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) Membership Examinations.

- For local applicants:
  - Having registration with the Medical Council of Hong Kong

- For Mainland China applicants:
  - Must be trainees from Mainland China training centres accredited by the constituent Colleges of HKICBSC (provided that they undergo such training at the time of or after the relevant accreditation)

- Applicant's training should not be suspended within 6 months prior to the examination.

- Basic Surgical Trainees should settle their registration fee of the exam year. Otherwise, they will not be allowed to take the examination.

- The eligibility of sitting the Part 1 & 2 Examinations stated in the Examination Regulations shall prevail in any circumstances.

Supporting Documents

5. To enroll in the examination, applicants are required to submit the application form along with **certified true copies** of the following documents to support information given in your application. These copies are not returnable and will be verified in due course.

   - ✓ Certified True Copy of Qualification*:
     - For local applicants:
       - ✧ Basic medical qualification from The University of Hong Kong or The Chinese University of Hong Kong, OR
       - ✧ Letter certifying registrable qualification with the Medical Council of Hong Kong
     - For Mainland China applicants:
       - ✧ Basic medical qualification, which are verified by medical official of Mainland China training centres by the constituent Colleges of HKICBSC, OR a public notary, OR solicitor/lawyer, should have an official stamp accompanying the signature.

(*****_Copies of letters and certificates will only be accepted if they have been_ ***verified as true copies*** _by the medical or university official, OR a public notary, OR solicitor/lawyer, should have an official stamp accompanying the signature. The signature (name of verifier should be stated) and hospital stamp must be original._)

- ✓ **Two** certified recent passport photographs with the official stamp and signature by medical or university official;

6. Payment method of application fee. Applicants should pay the fee by one of the following methods:
   - A **crossed cheque** or **bank draft** made payable to "**The College of Surgeons of Hong Kong LIMITED**" in Hong Kong dollars. Please write your name and contact number at the back of the cheque or the bank draft.
   - **Telegraph Transfer**, applicants should notify the College in advance and submit the transaction details along with the application form. An additional amount of **HK$300** for Bank Administrative Charge is required to be paid by applicants.

7. All information given in this application form will be treated STRICTLY CONFIDENTIAL.

8. Application should be sent to:

   The HKICBSC Secretariat (Examination)
   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

9. Application received will be acknowledged by email.

For general enquiry, please contact the HKICBSC Secretariat:
Tel: (852) 2871 8792
Fax: (852) 2515 3200
Email: info@cshk.org

The Membership Examination of
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Application Form

The examination fee and all relevant information must be included with the application.
Please write in CAPITAL LETTERS.

Last name in full: (in English) _____ (in Chinese) _____

State your name exactly as it appears on your basic medical degree certificate

Other names in full: (in English) _____

Other names in full: (in Chinese) _____ Passport/ HKID no. _____

Gender: Female / Male (circle as appropriate) Date of birth: ___ / ___ / _____ (Day/Month/Year)

Address: _____

_____

_____ Post code: _____

(For examination notices, results and correspondence)

Telephone number: _____ Mobile Phone No.: _____

Fax: _____ Email: _____

Remarks: Applicants are required to provide the most updated and valid email address and corresponding address.
The HKICBSC will not take any responsibility of the consequence if any message delivering to the above email address and corresponding address cannot reach you.

I certify that this is a true and recent likeness of the candidate.

Name of medical or university official : _____

Job title and address of medical or university official : _____

Signature of medical or university official : _____

Two certified recent passport-sized photographs printed on proper glossy photo paper (plain paper **NOT** acceptable)

Staple two passport photographs here

Print your name
on the back of the photographs

Hospital or University official stamp

SECTION 1 – APPLICATION

Specify which parts of the examination you wish to apply for (Please tick appropriate option):

Paper I ☐
Paper II ☐

I enclosed the required fee _____ as shown in the current college examinations calendar.

Note: 1. The fee must be paid in Hong Kong dollar ($HKD)

2. Candidates should pay an additional amount of **HK$300** for Bank charge if choosing to submit the exam fee through Telegraph Transfer

SECTION 2 – ACADEMIC RECORD

Basic medical qualification: _____ Date conferred: ____/____/____
Day / Month / Year

Qualifying university: _____

Medical school at which degree obtained: _____ Country: _____

First language: _____

MCHK registration number or LMCHK number (please quote year obtained) :_____/_____
Number Year

Current status: ☐Basic surgical trainee ☐Houseman ☐Private practice ☐Others_____ (tick as appropriate)

Note: 1. Your name must be appeared on the List of Registered Doctors of the Medical Council of Hong Kong, and

2. Certified copy of your certificate is required only for the first attempt at Membership Examination. If you have submitted certifying letter of completion of degree of Bachelor of Medicine and Surgery for your first attempt, please submit the certified copy of your certificate during your latest attempt

SECTION 3 – CHECKLIST

Is your application form completed?
(Note: Incomplete application form with insufficient supporting documents will not be processed)

Have you included the followings:

	Yes	No
> Complete and up-to-date contact information	☐	☐
> Two recent passport photographs, certified by medical or university official. The official stamp	☐	☐
> Full examination fee in Hong Kong dollars	☐	☐
> Basic Surgical Trainee registration fee of the exam year and those in arrears are paid (only applicable to Basic Surgical Trainee)	☐	☐
> Complete details of your basic medical qualification, including university and date of Completion, a certified copy of your certificate is required	☐	☐
> Certified true copy of letter certifying registrable qualification with the Medical Council of Hong Kong or a certified copy of your certificate of basic medical qualification The University of Hong Kong or The Chinese University of Hong Kong.	☐	☐
> Signed and dated declaration confirming that you have read and understood the *MHKICBSC Examination Regulation*	☐	☐
> **Sufficient postage** (otherwise the application will be treated as incomplete application which will NOT be processed.)	☐	☐

Copies of original documentation, verified by medical or university official, OR a public notary or solicitor/lawyer, should have an official stamp accompanying the signature.

SECTION 4 – DECLARATION (to be signed by the candidate)

I declare to the best of my knowledge that all the information given on this form is a true statement of fact. Any false statement will invalidate my entry and the pertinent exam result. I have read and understood all the regulations relating to the MHKICBSC Examination.

Signature of candidate: _____ Date: _____

Please note that:

1. All personal information held by the Hong Kong Intercollegiate Board of Surgical Colleges will be kept strictly confidential and will not be released to any other parties without candidate's permission.

2. In the unlikely event that the examination has to be cancelled, the examination fee shall be reimbursed. However, the Colleges shall incur no further liability on the cancellation.

3. The Hong Kong Intercollegiate Board of Surgical Colleges reserves the right to accept or refuse any application deemed inappropriate. In case of any dispute, the decision of the Intercollegiate Board of Surgical Colleges shall be final.

REQUEST FOR SPECIAL ARRANGEMENTS

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO NOTIFY THE COLLEGES OF ANY SPECIAL REQUIREMENTS AT THE TIME OF APPLICATION FOR THE EXAMINATION AND SUBMIT APPROPRIATE SUPPORTING EVIDENCE AS SPECIFIED IN THE REGULATIONS.
Applications for special arrangements on medical or compassionate grounds must be supported with medical certification at the time of application.

SECTION 5 – RELEASE OF INFORMATION and RESULTS

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.

Name: _____

(Name of candidate in CAPITAL LETTERS)

Signature of candidate: _____ Date: ____/____/____

Day / Month / Year

Note: The College of Surgeons of Hong Kong reserves the right to release examination result of basic surgical trainees to supervisor(s) of respective hospital(s) and accrediting committee of the College.

METHOD OF PAYMENT

All sections of the form must be completed.

> Candidates should pay for the examination fees in crossed cheque or a bank draft made payable to "**The College of Surgeons of Hong Kong Limited**" in Hong Kong dollars. Please print your name and contact number on the back of the cheque or the bank draft.

> Candidates pay for the examination fees through Telegraph Transfer SHOULD notify the College in advance and submit their transaction details together with the application form.

> Candidates should pay an additional amount of **HK$300** for Bank charge if choosing to submit the exam fee through Telegraph Transfer

> Other payment methods are not acceptable.

> *For refund arrangement, please refer to point 7." Withdrawal from the Examination" of the MHKICBSC Examination regulations.*

Name of candidate (BLOCK CAPITALS): _____

Payment is made in full by: ☐ Bank draft ☐ Cheque ☐ Telegraph Transfer (tick as appropriate)

Cheque/ bank draft number: _____

Bank : _____

ENQUIRIES

The College of Surgeons of Hong Kong
(Examination Secretariat)
Room 601, 6/F
HKAM Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong
Tel: +(852) 2871 8792
Fax: +(852) 2518 3200
Website: http://www.cshk.org
E-mail: info@cshk.org

Hong Kong College of Emergency Medicine

Room 809, 8/F
HKAM Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong
Tel: +(852) 2871 8877
Fax: +(852) 2554 2913
Website:
http://www.hkcem.com
E-mail: enquiry@hkcem.org.hk

Hong Kong College of Otorhinolaryngologists

Room 806, 8/F
HKAM Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong
Tel: +(852) 2871 8733
Fax: +(852) 2904 5035
Website:
http://www.hkcorl.org.hk/main.php
Email: info@hkcorl.org.hk

Hong Kong College of Orthopaedic Surgeons

Room 905, 9/F
HKAM Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong
Tel: +(852) 2871 8722
Fax: +(852) 2873 4077
Website: http://www.hkcos.org.hk
Email: hkcos@hkcos.org.hk