



**HONG KONG ACADEMY OF MEDICINE
NOMINATION FOR FELLOWSHIP**

College of _____

Specialty: _____

Personal Particulars

Name in English: _____ Name in Chinese: _____
Please write down full name and underline surname. *(if applicable)*

Registration No. with *MCHK/DCHK(if applicable): _____

Date of Birth: _____ *HKID/Passport No.: _____
 (dd/mm/yy)

Contact Address: _____

Contact Telephone No.: _____ Contact Facsimile No.: _____

**delete as appropriate*

Medical/Dental Qualifications

[Please put down relevant qualifications/examinations (both intermediate and exit) recognised by the Academy based on which admission is recommended.]

Qualifications (by Exam)	Awarding Institutes	Date A (dd/mm/yy)	Date B (dd/mm/yy)
Basic			
Intermediate			
Exit			
Others			

Date A: The date when the examination/assessment result was promulgated.

Date B: The date when the degree/qualification was conferred.

Professional Training and Appointments

Training and Appointments (*in chronological order, including current appointment*):

Hospital/Institutions	Departments	Positions	From/To (dd/mm/yy)	F/P*	Duration Accredited for Training	
					Basic	Higher

Use separate sheets if space provided is not enough.

*Please use “F” or “P” to indicate full-time or part-time.

I confirm that the nominee is a FULL member of our College and the information provided in this form is accurate and complete, and that all the requirements for admission of a Fellow of the HKAM have been satisfied.

 Authorised signature

Date: _____

 Position at College

Note:
 Please attach the following documents, which must be certified by the College, a Fellow of the HKAM, a public notary, or a solicitor:

1. Copy of HKID Card/Driving Licence (with HKID/Passport No.)
2. Proof of Basic Medical/Dental Qualification
3. Proof of Recognised Intermediate Examination(s)/Overseas Qualification(s)
4. Proof of Passing College’s Exit Examination/Assessment
5. Personal Record sheet of the nominee which must be signed by the nominee.

**HONG KONG ACADEMY OF MEDICINE
PERSONAL RECORD OF NOMINEE**

PERSONAL DATA

Name in English: _____

Please underline surname. Fellowship Diploma issued will bear the name in above format.

Name in Chinese: _____

(if applicable)

Sex: Male

Do you wish to have your Chinese name printed on your diploma? Yes No

Female

Date of Birth:

____ / ____ / ____
dd mm yy

**HKID Card/
Passport No.:** _____

(delete as appropriate)

MCHK/DCHK No.: _____

(if applicable)

Contact Address: _____

*Please enter the same address as the one you are bound to **notify** the Medical Council or the Dental Council in accordance with Section 15 of the Medical Registration Ordinance (Cap. 161) or Section 13 of the Dentists Registration Ordinance (Cap. 156). Please keep the Academy informed whenever there is any change of this address.*

Contact Tel. No.: _____

Contact Fax No.: _____

Mobile Phone: _____

Pager: _____

Email Address: _____

Would you like your email address be shown in the Fellow's Area of the Academy Website (a secured area) once you are admitted a Fellow of Academy?

Yes
 No

CURRENT PRACTICE

(Please tick)

Private

Hospital Authority

Department of Health

University (CUHK / HKU)

Retired

Others *(Please specify)*

**Present Position Held in
Hospital / Institution:** _____

Held since: _____

Name of Organization: _____

Address: _____

Information collected is for statistical analysis. Please keep the Academy informed whenever there is any change.

GET A HKAM USER ID AND PASSWORD

(With this ID and Password, you will be able to access the Fellows' Area of the HKAM Website once you are admitted a Fellow of the Academy)

User ID:

--	--	--	--	--	--	--	--

(e.g. hkam2003)

Password:

--	--	--	--	--	--	--	--

Please indicate your preferred User ID & Password.
The Academy will modify them in case they are the same as any existing accounts. (max. 8 characters)
Please **DO NOT** use the number "0" as the starting digit of your User ID and Password; and **DO NOT** use special symbols like "*" and "!" in your User ID and Password.

NOMINEE'S DECLARATION

- 1) I confirm that I **have/have not* been convicted of a serious offence punishable by imprisonment (in Hong Kong or outside Hong Kong).
- 2) I confirm that I **have/have not* been found guilty of serious professional misconduct by the Medical Council of Hong Kong, Dental Council of Hong Kong or similar regulatory organizations overseas.

Nominee's Signature

Date

** Delete as appropriate. If there is any such conviction, details must be enclosed with this form.*

Data provided on this sheet will be recorded in the Academy's membership database should the nominee successfully become an Academy Fellow. The Academy may transfer the information to its Colleges, the Medical Council of Hong Kong and Dental Council of Hong Kong for the purpose of vetting subscriptions / CME status and certification for Specialist Registration.

This personal record form will be destroyed if the nomination is unsuccessful.