

THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

IC

registered address: Room 807, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Telephone: 2871-8833 Fax: 2814-1029



INTENSIVE CARE FELLOWSHIP APPLICATION FORM

(Please use BLOCK LETTERS)

(Please send completed Application Form and supporting documents to Chief Censor, The Hong Kong College of Anaesthesiologists, Room 807, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong)

I wish to apply for Fellowship of the Hong Kong College of Anaesthesiologists (Intensive Care). My personal details are as follows:

Surname: _____, Forename: _____

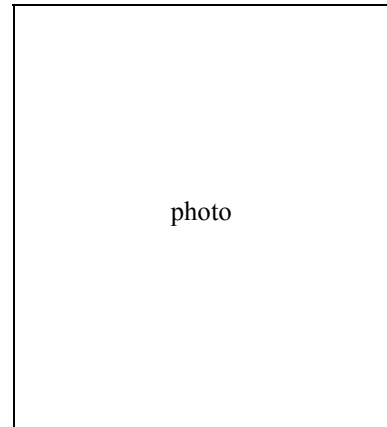
Chinese (if available): _____

Sex: * M / F, Date of Birth: _____ (dd/mm/yy)

HKID number: _____

Nationality: _____

I have been resident in Hong Kong, prior to this application, since _____ (dd/mm/yy)



Telephone: home _____, Office _____, Fax _____

Correspondence address: _____

Current Appointment & Institution: _____

Basic Medical Qualification(s)	College, University, Board, City, Country	Dates (dd/mm/yy)
Specialist Qualification(s)	College, Board, University, City, Country	Dates (dd/mm/yy)

* circle as appropriate

FOR FELLOWSHIP *ad eundem* APPLICANTS WHO ARE NOT HKCA TRAINEE:

Please enter the following Training Record in chronological order, including internship, and state whether the appointments listed below, were recognized for specialist training by the relevant overseas institution during the period concerned.

Appointment	Hospital (Dept/Unit)	City/Country	from: (dd/mm/yy)	to: (dd/mm/yy)	percentage of intensive care clinical duties

(use additional sheet if space is not adequate)

Certified photocopies of the following documents are enclosed with the application (for Fellowship *ad eundem* only):

1. Specialist Qualification (s).
2. Evidence of appointment from the institution(s) listed above.

FOR HKCA TRAINEE: Final FHKCA(IC) Examination passed on: _____

My application is supported by the following TWO Fellows of the Hong Kong College of Anaesthesiologists:

1. Name : _____ Signature : _____

2. Name : _____ Signature : _____

I, _____, hereby certify that all the information recorded in this Application Form and the enclosed notarized copies of supporting documents are, to my best knowledge, TRUE and ACCURATE.

Date : _____ Applicant's Signature: _____

Note: please fill-in the FHKAM(Anaesthesiology) Nomination Form if you request for nomination to FHKAM(Anaesthesiology) in the subspecialty of intensive care