**Retrospective recognition of training experience**

This form is mainly for overseas doctors without full medical license in Hong Kong (under special or limited registration of the Hong Kong Medical Council), to apply for retrospective training recognition under The Hong Kong College of Anaesthesiologists.

To verify and assess your training experience for retrospective training recognition, we need to obtain details of your professional training. Please provide details on the content of each part of your training as required below.

We require the content of academic and clinical training, including approximate ***number of months*** of each component of the training experience. Any ***scores under examination or certification*** obtained during training may also be useful. Please attach the followings (if applicable) together with your submission:

1. ***Evidence for Professional Examinations taken***
2. ***Logbook record***
3. ***Workplace-based assessment record***
4. ***Performance evaluation or in-training assessments***

Please indicate and describe the range and scope of involvement in each component of training. A copy of the training curriculum with correspondence would facilitate the process of assessment of your training took place at more than one institution/College, certifying document may be requested whenever necessary.

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| --- | --- |
| Name of applicant: |  |
|  |  |
| Name of training institution/College: |  |
|  |  |
| Institution/College address: |  |
|  |  |
| Institution/College email: |  |
|  |  |
| Institution telephone no.: |  |
|  |  |
| Title of professional training: |  |
|  |  |
| Date of training commenced: |  |
|  |  |
| Date of training completed(if applicable): |  |
|  |  |
| Other certifications or qualifications obtained relevant to anaesthesia (eg. FANZCA, FCAI, FRCA etc.) |  |

**Please fill in the information below with supporting document if necessary**

1. Working experience (in chronological order)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year (mm/yyyy) | Hospital name | City/country | Specialty | Position | Recognised training by College? (Y/N) |
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1. College of training (if you have undergone training at more than one anaesthesia Colleges)

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| --- | --- | --- |
| Year (mm/yyyy) | Name of the anaesthesia College | Country |
|  |  |  |
|  |  |  |

1. Professional exams taken (in chronological order)

|  |  |  |
| --- | --- | --- |
| Year (mm/yyyy) | Professional exam | Specialty |
|  |  |  |
|  |  |  |

1. Training curriculum

|  |  |  |  |
| --- | --- | --- | --- |
| Training year | Subject, descriptive title of subject, theme or module name | Content / number of months involved / examination method. This can be taken from direct mapping of the training curriculum in the corresponding institution | **Assessment method:**Written = SAQStructured Oral = SOEPractical = OSCEWorkplace-based = WBA  |
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1. Simulation training courses taken relevant to clinical anaesthesia (please provide supporting document if available)

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| --- | --- | --- |
| Training year at which the course was taken | Course name  | Description of the course (learning objectives, contents, format, assessment method) |
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1. Research experience

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| --- | --- | --- |
| Project title | Your role in the project | Project descriptions |
|  |  |  |