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THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

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

APPLICATION FOR UNDERGOING EXIT ASSESSMENT FOR FELLOWSHIP

(Please use BLOCK LETTERS)

(Please send completed Application Form and supporting documents to Censor-in-Chief, The Hong Kong College of Anaesthesiologists, by email at **hkcaeducation@hkca.edu.hk**)

I wish to sit for the Exit Assessment of the Hong Kong College of Anaesthesiologists. 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)

photo

Telephone: _____ E-mail address: _____

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)	recognized: Yes or No

(use additional sheet if space is not adequate)

Certified copies 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 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.

Fellowship Registration Fee: **HKD 10,500 , or HKD 200 for second fellowship**

Upon submission of your application, please settle the fellowship registration fee using any of the payment methods below.

1. **Faster Payment System (FPS)**:
   FPS ID: 118639624
   Name of the account: *The Hong Kong College of Anaesthesiologists*

2. **ATM / Internet Banking / Cash Deposit**:
   Name of the bank: HSBC
   Account number: 558 069381 001
   Name of the account: The Hong Kong College of Anaesthesiologists

3. **E-Cheque**:
   Please make payable to "**The Hong Kong College of Anaesthesiologists**"

Date : _____ Applicant's Signature:_____

I hereby request my nomination by HKCA to Fellowship of the Hong Kong Academy of Medicine if my FHKCA application is approved. I also pledge to pay any admission fee or charges/fees in relation to this nomination.

Date : _____ Applicant's Signature:_____