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

PM

FELLOWSHIP APPLICATION FORM
(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 **painmedicine@hkca.edu.hk**)

I wish to apply for Fellowship in Pain Medicine of the Hong Kong College of Anaesthesiologists. My personal details are as follows:

Section A

Surname: _____Forename: _____ Chinese *(if available)*: _____

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

HKID number: _____

Telephone: _____ E-mail address: _____

Correspondence address: _____

_____

Current appointment and Hospital: _____

photo

Section B

BASIC MEDICAL QUALIFICATIONS	INSTITUTION, CITY, COUNTRY	DATES (MM / YY)

POSTGRADUATE & PROFESSINAL QUALIFICATIONS	INSTITUTION, CITY, COUNTRY	DATES (MM / YY)

(Use additional sheets if space is not adequate)

Section C

		Yes	No
1.	I have completed 3 years of basic training in an approved specialty.	❑	❑
2.	I have passed the intermediate examination.	❑	❑
3.	I have completed 3 years of higher training with 24 months of full time vocational training in pain medicine.	❑	❑
4.	I have passed the final fellowship examination.	❑	❑
5.	I have completed the formal project.	❑	❑
6.	I have the following clinical exposure during my vocational training :		
	A. Acute pain cases (minimum 200 new cases)	_____ cases	
	B. Chronic non-cancer pain cases (minimum 200 new cases)	_____ cases	
	C. Cancer pain or palliative care cases (minimum 100 new cases)	_____ cases	
	D. Interventional procedures (minimum 100 new cases)	_____ cases	
7.	I have attended 24 sessions of inter/multi-disciplinary pain management	❑	❑
8.	I have attended communication, counselling and psychological pain management training	❑	❑

FOR FELLOWSHIP *ad eundem* APPLICANTS WHO ARE NOT HKCA FELLOW / 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 Pain Medicine Clinical Duties

(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.

Section D

Fellowship Registration Fee: **HKD 200**

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**"

Section E

- ✧ I acknowledge that the information provided in the application form and supporting documents are complete and correct.
- ✧ I understand that if I give false or misleading information, my application may be refused.
- ✧ I understand that the information provided should be verifiable, and that applicants may be invited to submit further information to substantiate their application.

Date: _____ Signature of applicant _____