



HONG KONG COLLEGE OF EMERGENCY MEDICINE

Room 809, Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: +852 2871-8877 Fax: +852 2554-2913 Email: hkcem@hkam.org.hk

Application Form for Fellowship

IMPORTANT: Please read the Notes carefully before completing this form

Personal particulars: (see Note 1) (* Mandatory fields, # Delete if inappropriate)

*Title: _____ #Prof./Dr/Mr/Mrs/Miss/Ms

*Surname (Block Letters): _____ *Given name(s) (Block Letters): _____

*Name in Chinese: _____ *Sex: _____ *Date of Birth: _____
(if any) _____ (dd/mm/yyyy)

*Nationality: _____ *HK ID Card No.: _____

Passport No.: _____ Passport Expiry Date: _____
(if not holding HKID card)

*Medical Council of Hong Kong Registration No.: _____

*Current Positions: _____ #Fulltime / Part-time: _____ hours per week

*Current Employer: _____ *Current Hospital: _____

Are you based overseas? #Yes / No

Would you like to be considered an Overseas Fellow? #Yes / No

Do you wish to receive the hard copies of HKJEM? #Yes (HKJEM will be posted to your preferred address below)/ No

If you are a trainee or fellow in other Colleges of HKAM, please indicate below:

College: _____ #Trainee / Fellow since (date): _____

College: _____ #Trainee / Fellow since (date): _____

Contact Information:

*Preferred address for Correspondence : #Home / Work

*Work phone:		*Work Address:	
Home phone:			
*Mobile phone:		*Home Address:	
Pager:			
Fax:		Other Email addresses:	
*Preferred Email Address:			

Medical Qualifications: (see Note 4)

Qualifications	Examination Diploma	Awarding Institutes	Date A(dd/mm/yy)	Date B(dd/mm/yy)
Basic				
Primary				
Intermediate				
Exit				

Date A : The date when the examination result is promulgated (Required only for examinations taken within the recent three years

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

Any other relevant information which may contribute our College?

Other EM relevant qualifications:

e.g. Trainers for ACLS, PALS, ALSO, ATLS etc

Other tertiary qualifications / degrees with the names of institutions and dates of conferment:

e.g. LLB / LLM / MSc / MD/ Master of Surgery/ MBA / MHA etc.

Other EM relevant voluntary works or community services:

e.g. Your position in St. John Ambulance Association / Brigade, GFS, Red Cross or AMS etc.

Are you interested to be a committee member of the following chapters of HKCEM?

(Please tick the relevant box(es) if yes)

- Young Fellows Chapter
- Women Fellows Chapter
- Private Fellows Chapter

Professional Training and Appointments: (see Note 2 and 3)
 (in chronological order, with current appointment placed at the bottom)

Hospital/Institution	Specialty	Position	From (dd/mm/yy)	To (dd/mm/yy)	Duration (months)	Training (please tick)		Training accredited by HKCEM (Months)
						Basic	Higher	

*Use separate sheet if space provided is not enough
Date of advancement to higher trainee (mm/yy): _____

DECLARATION

I have read the criteria of eligibility for the Hong Kong College of Emergency Medicine and I understand that the details given above entitle me to apply for the category of Fellowship. I agree to pay the relevant dues as soon as I receive confirmation that my application has been approved by the Membership Committee. The information on this form is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

I hereby declare that I have known the applicant for more than two years and the information submitted by the applicant is to the best of my knowledge, truthful and correct. I am a current paid-up Fellow of the Hong Kong College of Emergency Medicine.

Signature of Proposer Date

Signature of Seconder Date

Proposer : _____
(Name in Block Letters)

Seconder : _____
(Name in Block Letters)

For Office Use Only

Training and examination information verified by Censor-in-Chief (or delegate)

Signature: _____ (Name: _____) Date: _____

Admitted for Fellowship in (mm/yyyy) _____ In Council Meeting Dated _____

Signature: _____
College President

Signature: _____
Chairman, Membership Committee

Notes on Submitting Application:

1. NAME:

The applicant's name to be registered with the Hong Kong College of Emergency Medicine ("HKCEM") must be the same as that appears in the applicant's identity document such as Hong Kong identity card / Passport. Additional documentary evidence such as statutory declaration / deed poll / marriage certificate will be required if a different name is to be used in the HKCEM's register.

2. PROFESSIONAL TRAINING:

In general, a training supervisor and his / her secretary maintain the most updated training record of the trainees of an individual training centre. Applicant is strongly advised to seek for their help to cross check the HKCEM accredited periods of training.

3. CERTIFICATION OF PROFESSIONAL TRAINING:

The applicant is NOT required to enclose documents certifying his / her training experience, which have been submitted previously to the HKCEM for examination purpose, together with this application. During the vetting process, however, the HKCEM secretariat may request the applicant to submit certified true copy of training certification letters regarding certain training periods. It is the applicant's responsibility to comply with such request.

4. SUPPORTING DOCUMENTS:

Application must be supported by a full set of documents, including the following:

- Copy of HKID Card / Passport
- Copy of each of the relevant diplomas.
- Copy of current Curriculum Vitae (Optional)
- All documents submitted should be certified true copies. Copy Certification should be done by appropriate authorities including any current Council Members, notary public, training supervisor or consultant of the applicant's training centre, or the chief executive of his / her hospital.

5. When submitting your application, please enclose **two separate cheques, one payable to "**Hong Kong College of Emergency Medicine**" and one payable to "**Hong Kong Academy of Medicine**" for the respective admission fee and the annual fee. The enrollment and subscription fees for HKCEM can be found on our website.**

The successful EEEM candidates must settle all the outstanding payments, including training subscription and course fees etc., with the College before they could be elected a Fellow in the Council Meeting.

The College will not process any application which fails to provide the complete information, required documents and payment.

Please return the completed form and all required enclosures to the Honorary Secretary, HKCEM, c/o Room 809, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

It is your responsibility to inform the College for any change of particulars e.g. corresponding address and place of work etc. Please use the "Membership update" form downloadable from the College's website. The College will not be responsible for any issues arisen as a result of your failure to inform the College.
