



# Hong Kong College of Emergency Medicine (HKCEM) Primary Examination in Emergency Medicine (PEEM)

## Application Form

Please complete in block letters with black ball pen & return to "Hong Kong College of Emergency Medicine, Room 809, Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong".

**Personal Information** (Please enclose 2 photographs with name written on the back.)

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year)

**Current Employment**

Post Title / Rank: \_\_\_\_\_ Department / Specialty: \_\_\_\_\_

Hospital: \_\_\_\_\_

**Contact Information** (\* Essential items, for examination notice)

\* Email (please use your personal email): \_\_\_\_\_

\* Full postal address: \_\_\_\_\_

Office: \_\_\_\_\_ Home: \_\_\_\_\_

\*Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

**Certification**

HKCEM trainee  Yes  No; Date of registration if yes: \_\_\_\_/\_\_\_\_ (month/year)

| Names of Basic medical degrees or qualifications | Dates (month/year) |
|--|--------------------|
|  | /                  |
|  | /                  |
|  | /                  |

**Payment**

(Exam Fee: HK\$5,000; payable to "Hong Kong College of Emergency Medicine". Receipt will be issued.)

|   |
|---|
| Date of PEEM: <input type="checkbox"/> 8 Sept 2022<br><input type="checkbox"/> 22 Sept 2022 (Reserved)<br>(Closing Date: 29 Jul 2022) |
|---|

Cheque Number or Paydollar

Merchant Reference Number : \_\_\_\_\_ Bank: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# Hong Kong College of Emergency Medicine (HKCEM) Primary Examination in Emergency Medicine (PEEM)

## Check List

10% of the application fee may be charged as administration charges if the submitted application documents are incomplete and need to be returned to the applicant.

Please carefully complete the application.

| Items   | Check by tick            |
|---|--------------------------|
| 1. I have filled in all the required personal particulars.  | <input type="checkbox"/> |
| 2. I have enclosed 2 photographs with name written on the back.   | <input type="checkbox"/> |
| 3. I have enclosed all the certified true copies of my relevant qualifications.   | <input type="checkbox"/> |
| 4. I have enclosed the certified true copy of the COVID-19 vaccination record<br>(A negative COVID-19 PCR testing within 72 hours of the examination will be required if a candidate has not completed the vaccination for $\geq 14$ days at the time of the examination) | <input type="checkbox"/> |
| 5. I have kept the original certification of my qualifications for inspection upon request.   | <input type="checkbox"/> |
| 6. I have enclosed the required cheque or bank remittance.<br>Or Paid via Paydollar ( <a href="http://www.paydollar.com">www.paydollar.com</a> )  | <input type="checkbox"/> |
| 7. I have submitted the application form and all relevant documents.  | <input type="checkbox"/> |
| 8. I have delivered the application in advance of the closing date.   | <input type="checkbox"/> |

Signature of applicant: \_\_\_\_\_

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### For use by Examination Committee of HKCEM:

|  |  |
|--|--|
| 1. Certification of the basic medical qualification*         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Enclosure of payment cheque / Payment record of Paydollar | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Submission of all required documents                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Remarks   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Acceptance granted for Examination                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signed by \_\_\_\_\_ ( \_\_\_\_\_ ) on \_\_\_\_\_

Checked by \_\_\_\_\_ ( \_\_\_\_\_ ) on \_\_\_\_\_

\* All **certified true copies** of documents must be certified by the respective Training Supervisor or Consultant.