



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 your 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 no.: _____ Home no.: _____

* Mobile no.: _____ Pager: _____

Certification

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

Names of Basic medical degree(s) or qualification(s)	Date (month/year)
	/
	/
	/

Payment

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

Date of PEEM: ☐ 21 Aug 2025
28 Aug 2025 (Reserved)
(Closing Date: 10 July 2025)

Cheque Number or Paydollar

Merchant Reference Number : _____ Bank: _____

Signature of applicant: _____ Date: _____



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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 kept the original certification of my qualifications for inspection upon request.	<input type="checkbox"/>
5. I have enclosed the required cheque or bank remittance. Or Paid via Paydollar (www.paydollar.com)	<input type="checkbox"/>
6. I have submitted the application form and all relevant documents.	<input type="checkbox"/>
7. I have delivered the application by 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.