



Hong Kong College of Emergency Medicine (HKCEM) Exit Examination in Emergency Medicine (EEEM) Application Form

Please kindly complete by using the word file (recommend) / in block letters & black ball pen.

The candidate should be a current HKCEM trainee or within three years after leaving the HKCEM training post and has completed 6 years of accredited training.

Personal Information:

Please enclose 2 Photographs with name written on the back.

Surname		Forename	
Nickname (if applicable)		Chinese Name (if applicable)	
Sex #	Male / Female	Date of Birth (day/month/year)	

Please delete where inappropriate.

Present Appointment:

Rank		Department	
Hospital		HKMC Registration No.	
Date of registration as HKCEM Trainee (day/month/year)		Date of registration as HKICBSC trainee (day/month/year) (if applicable)	

Contact Information:

Priority (1, 2...)	* At least one number must be provided.	Priority (1, 2...)	* At least one address must be provided.
	Office*		Office Address*
	Home*		Home Address*
	Mobile*		Home Address*
	Pager*		Home Address*
Fax (if applicable)			Other Address* (if applicable)
Email Address (Essential item)			

Relevant Degrees and Qualifications: (Basic and Intermediate)

Please enclose certified true copy of documents.

Qualifications	Awarding Institutes	Date conferred (day/month/year)	Remark

Date of passing the earliest relevant Part 2 Exam (not the date of the Diploma granted) (day/month/year)	
Are you a current Trainee of HKCEM? (Yes / No)	



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Training Requirement for EEEM:

Please complete in chronological order of your recognized training till the current post (and up to the examination date according to your training schedule as necessary).

Starting Date (day/month/year)	Ending Date (day/month/year)	Hospital	Department	Rank	Certification letter (appendices)
					A
					B
					C
					D
					E
					F
					G
					H
					I
					J
					K
					L
					M
					N
					O
					P
					Q
					R
					S
					T



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For 1st attempt applicants, please enclose **certified true copy of all documents**.

- Certification may be signed by the relevant consultant, department head or hospital administration. Please refer to the Important Notice for the format of the certification letter.
- Photocopies of the certification in the Training Logbook of the College would also be accepted. For photocopies of documents or letters, they must be certified by the respective Consultant or Authorized Hospital Officer.
- Please refer to the Training Programme for Specialists in Emergency Medicine of Hong Kong College of Emergency Medicine on EEEM (Exit Examination in Emergency Medicine) and advice may be obtained from the College Training Supervisors.

For re-attempt applicants, please enclose **a copy of the last Examination Results** and **certification is waived**.

Exam. No. of the last EEEM (if applicable)		Date of the last EEEM (day/month/year)	
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Payment

Full Exam (Exam Fee: **HK\$8,000**) / Oral re-sit (Exam Fee: **HK\$4,000**)

Candidates who fail in the OSCE will be refunded HK\$4,000.

Examination Date:	(OSCE)	<u>For 1st diet</u> 3-4 May 2011 (Tue-Wed)	<u>For 2nd diet</u> 1-2 Sep 2011 (Thu-Fri)
	(Oral)	23-25 May 2011 (Mon-Wed)	20-22 Sep 2011 (Tue-Thu)

The cheque is payable to "**Hong Kong College of Emergency Medicine**".

Receipt will be issued with the Admission Note.

Part of Exam attended #	Full Exam / Oral re-sit	Cheque Number	
Round of Exam attended #	1 st Round 2011 / 2 nd Round 2011	Bank	

Please delete where inappropriate.

Signature of Applicant

Signature of Training Supervisor or Deputy

Name of Applicant

Name of Training Supervisor or Deputy

Date of Application

Date of Endorsement

- Please send the **Word File of Completed Application Form without Signatures** to hkcem@hkam.org.hk (**recommend**).
- Please send (1) **Completed application form with Signatures**, (2) **2 photographs with name written on the back**, (3) **Certified true copy of all documents / a copy of the last EEEM results**, (4) **Training Logbook** and (5) **Cheque on or before the Deadline by hand / mail** to **Hong Kong College of Emergency Medicine, Room 809, Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong** (Attn: Dr CW Kam, Chairman of the Examination Committee, HKCEM PEEM).

For Enquiry: 2871-8877 / 2552-1667

For use by Exam Committee / Council of HKCEM:

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|--|--|------------------|
| 1. Completion of relevant Examination(s) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Signed by |
| 2. Completion of Certification of Training | Yes <input type="checkbox"/> No <input type="checkbox"/> | Signature: _____ |
| 3. Enclosure of payment cheque / bank remittance | Yes <input type="checkbox"/> No <input type="checkbox"/> | Name: _____ |
| 4. All required documents submitted | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: _____ |
| 5. Is a current Trainee of HKCEM | Yes <input type="checkbox"/> No <input type="checkbox"/> | Checked by |
| 6. Remarks: _____ | | Signature: _____ |
| 7. Accepted for Examination | Yes <input type="checkbox"/> No <input type="checkbox"/> | Name: _____ |
| | | Date: _____ |