

Hong Kong College of Emergency Medicine

Exit Examination in Emergency Medicine

Date: **OSCE 8-9 September 2009; Oral 22-24 September 2009**

Application Form *[Please complete in block letters & black ball pen]*

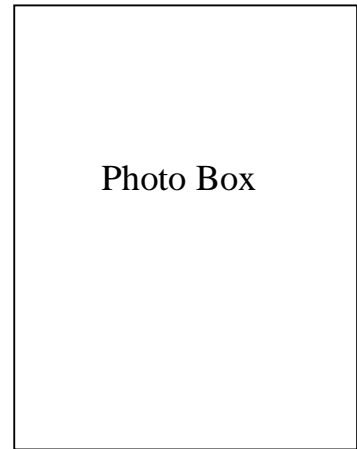


Photo Box

Family name of candidate

Other names in full

Date of Birth Male / Female

Date of registration as HKCEM trainee

Date of registration as HKICBSC Trainee (if applicable):

Relevant degrees or qualifications (basic & intermediate) with dates (with certification)

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Date of passing the earliest relevant Part 2 Exam (not the date of the Diploma granted)

.....(Day) (Month)(Year)

Current work post: Hospital Dept.

Full postal address (for Examination Notice)

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Telephone No. Fax No.

Page / Cellular Phone No.

Email (essential)

(Please send an email to <hkcem@hkam.org.hk > if you wish to check whether your application document has been received by HKCEM)

Please check by a “**tick**” as appropriate:

Full Exam **Full Exam Re-sit** **Oral Re-sit**

Certification of Training Requirement for EEEM

Full Name of Applicant :

- A) Certification is waived for re-attempt applicants. Please quote the Examination number of the last EEEM Examination _____ the date _____ and enclose a copy of the last Examination Results.
- B) Certification may be signed by the relevant consultant, department head or hospital administration. Please refer to page 9 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.

Please complete in chronological order of your recognized training till the current post (and up to 7 September 2009 according to your training schedule as necessary).

Year	Month	Day	Duration years/ months	Hospital	Department	Post	Appendices – mark the following alphabets in the supporting documents
From							A
To							
From							B
To							
From							C
To							
From							D
To							
From							E
To							

Full Name of Applicant :

Year	Month	Day	Duration years months	Hospital	Department	Post	Appendices—mark the following alphabets in the certification documents
From							F
To							
From							G
To							
From							H
To							
From							I
To							
From							J
To							
From							K
To							
From							L
To							
From							M
To							
From							N
To							
From							O
To							
From							P
To							

Full Name of Applicant :

IMPORTANT NOTICE & SARS-related infection control

This application must be returned to Hong Kong College of Emergency Medicine, **Rm 809, 8/F., HKAMJC Bldg., 99 Wong Chuk Hang Rd., Aberdeen, HK** (Attn: Dr CW Kam, Chairman of the Examination Committee, HKCEM) **on or before 19 August 2009**, together with the full amount of the fee by 'Account Payee Only' cheque or bank remittance of HK\$8,000 (or HK\$4,000 for Oral Resit) payable to 'Hong Kong College of Emergency Medicine'.

Applicants withdrawing from the examination must do so in writing. The whole entrance fee may be returned, less 20% administration charges, or transferred to the next diet of the examination where written notice is received by the Hong Kong College of Emergency Medicine prior to the closing date for the receipt of applications. Half of the entrance fee may be returned or transferred to the next diet of the examination where written notice is received by the Hong Kong College of Emergency Medicine not less than 21 days before the commencement of the examination. After that date no refund or transfer of entrance fees will normally be made to candidates who withdraw from examinations or fail to attend for any reason whatsoever. No allowance will be made for postal or other delays.

Applicants who are entitled to a refund will have their monies returned on completion of the examination for which they have entered.

No change can be made after the dates for the OSCE and Oral examinations have been allocated.

Applicants are required to enclose with their application Three Passport Photographs (with name at the back) and Two Envelopes (108 mm x 219 mm) bearing their name and address. The envelopes are for the postage of the examination notice.

Notification of pregnancy

A candidate applying for the examination and who is pregnant at the time of application must inform the Chairman of Examination Committee of her condition and the Estimated Week of Confinement (EWC). Any candidate who becomes pregnant after applying and before sitting the examination must inform the Chairman of Examination Committee of their EWC as soon as pregnancy is confirmed **if she wishes to apply to postpone her attempt.**

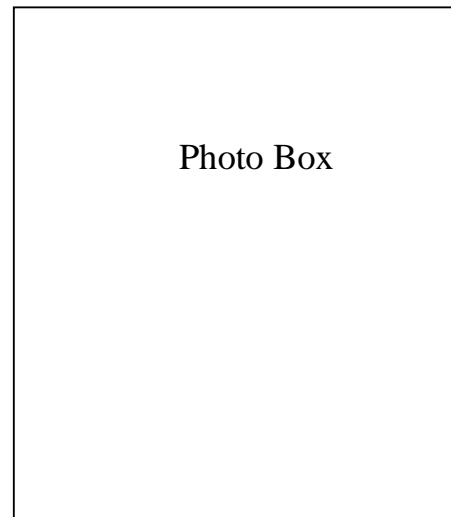
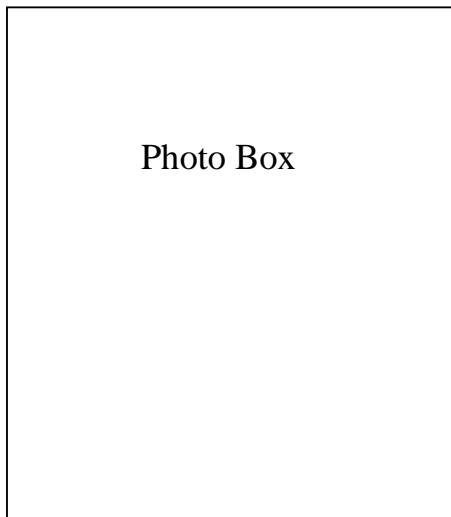
SARS or Avian Flu-related infection control

1. Subject to the prevalent SARS or Avian Flu situation, candidates are required to declare their health status prior to the Examination.
2. Temperature measurement will also be arranged as required.
3. Candidates who are febrile & / or suspected of having SARS disease will not be allowed to the Examination and deferred to the next diet.
4. Infection control measures including facial masks will be required as necessary.
5. The Chief Examiner or his deputy would exercise the authority to implement the essential precautionary actions.

Full Name of Applicant :

Photograph Page

Please staple two original photographs in the boxes below.



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Mailing address to HKCEM

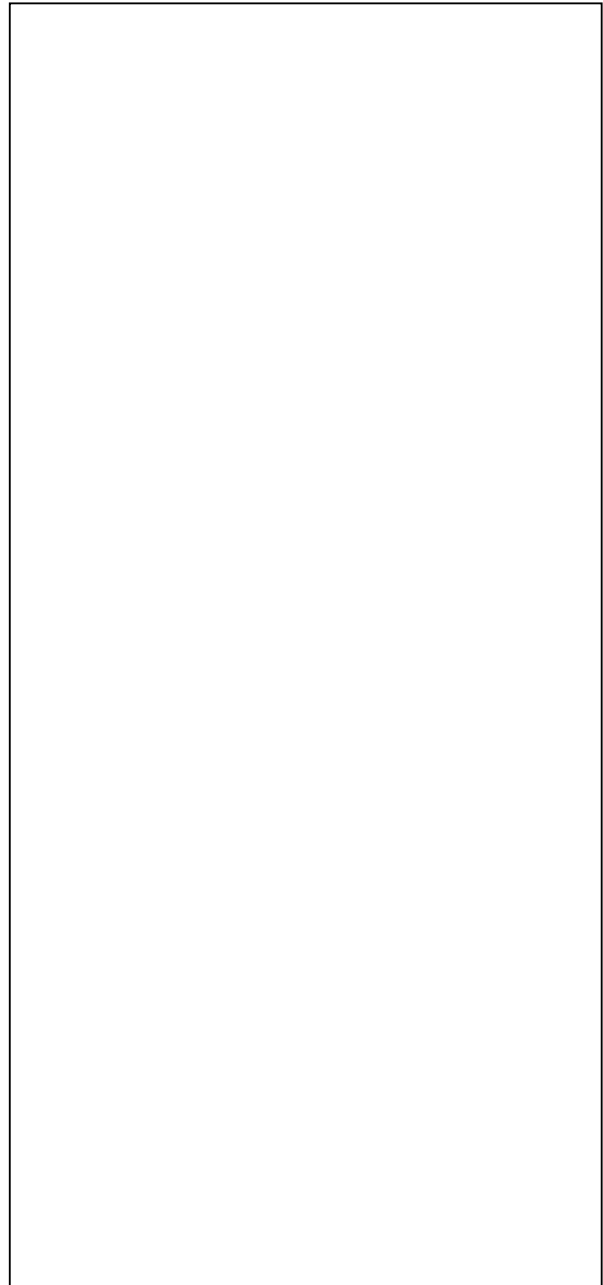
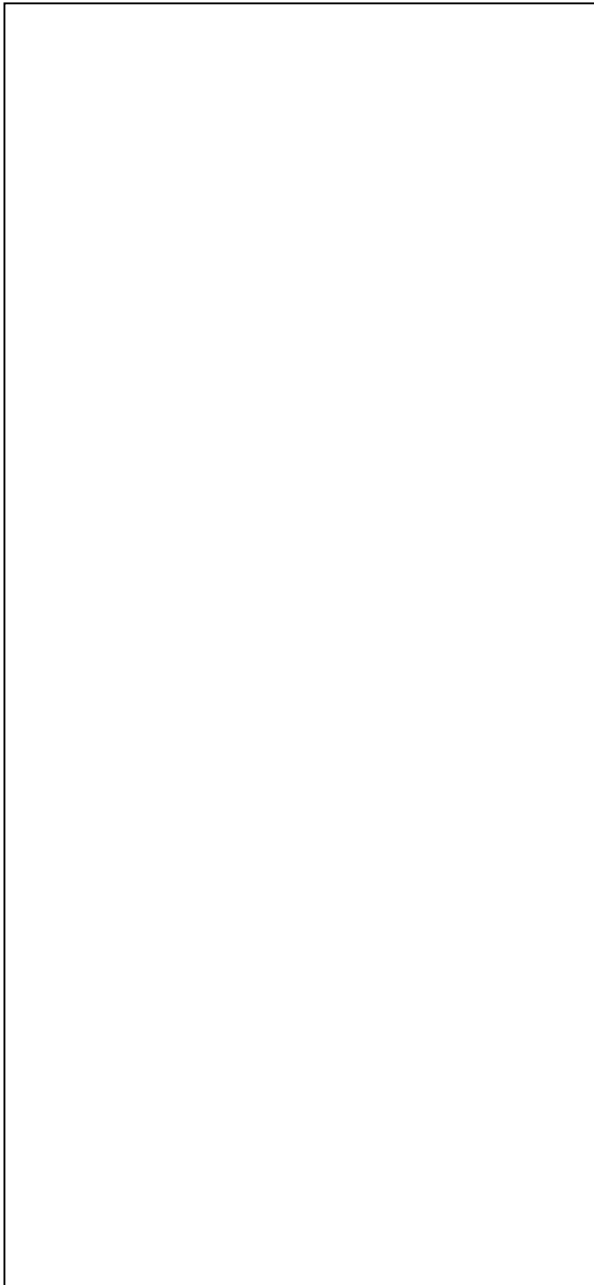
Please cut off the follow portion and adhere to your application envelope to facilitate letter sorting by the College.

Hong Kong College of Emergency Medicine
Rm 809, 8/F., HKAMJC Bldg.,
99 Wong Chuk Hang Rd.,
Aberdeen, Hong Kong
(Attn: Dr CW Kam,
Chairman of the Examination Committee,
HKCEM **on or before 19 August 2009**)

Full Name of Applicant :

Envelope Page

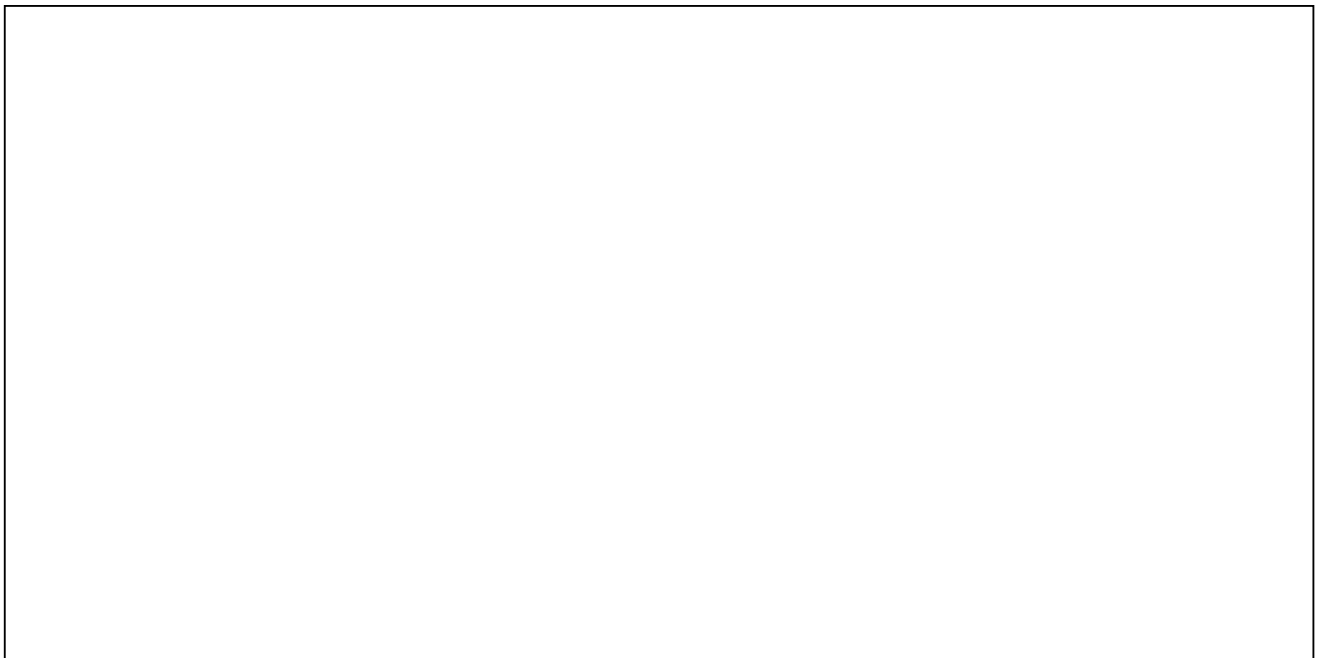
Please staple two **non-stamped** envelopes bearing the name and address in the boxes below.



Full Name of Applicant :

Cheque Page & Appendix

Please staple the cheque or bank remittance in the space below. Please use the blank space of the cheque or bank remittance to apply the staple.



Please place the supporting & training certification documents marked from A to P (photocopies adjusted to A4 size) between this page and the page of check-list.

Full Name of Applicant :

Check-list for completion and submission of application :-

Please carefully complete the application form and check your documents before submission to avoid delay in the processing.

Items	Yes (check by tick)
1. I have read and understood the <u>Important Notice</u> above.	[]
2. I have completed all the required personal particulars.	[]
3. I am a re-attempt applicant (certification is waived).	[]
4. I have completed the 6 years of accredited training before 1 st Jan 2005.	[]
5. I have completed the 6 years of accredited training <u>after</u> 1 Jan 2005. I have attached the certification on my fulfilment of the research requirement.	[]
6. I have completed all the required certification of qualifications and training requirement.	[]
7. I have enclosed the required cheque or bank remittance ([] HK\$8,000 – full exam; [] HK\$4,000 – oral re-sit).	[]
8. I have enclosed three photographs with name written on the back.	[]
9. I have enclosed two return envelopes with my name and address.	[]
10. I have adjusted all photocopies of documents to the A4-size.	[]
11. I have placed all the supporting documents in the appendices.	[]
12. I have kept a set of the certified true copies (by medical consultant or hospital administration) of the certification of my qualifications, and training requirement for future use when required.	[]
13. All the 9 pages of this Application Form and the relevant documents are submitted.	[]
14. I have stapled the application form and supporting documents together in the required sequence.	[]
15. I have sent an email to hkcem@hkam.org.hk to request an interim electronic acknowledgment of my application.	[]
16. I shall submit the duly completed Training Logbook to Ms June WU / Ms. Cherry KWOK, HKCEM at HKAMJC Bldg by hand or courier on or before 19 August 2009 for inspection. (The Logbook will be returned to the candidate after the Oral Examination.)	[]
17. I deliver this application in advance of the closing date (19 August 2009).	[]

Signature of applicant _____ Date _____

Endorsement by Training Supervisor or Deputy _____ (Signature / Name) _____ (Date)

Full Name of Applicant :

Format of the training certification letter

- A) Letter head - Institution / Hospital / Dept / Correspondence Address
- B) Date
- C) To whom it may concern (so that this certified true copy of this certification may be used for Conjoint / Exit / other of this doctor)
- D) This is to certify that Dr ABC (in full spelling) worked / served (or other appropriate verb) as a Medical Officer / Resident in XXX Dept of YYY Hospital from BBB date to DDD date.
- E) Other info or remarks would be optional.
- F) Signature
- G) Name & Post (Dept Head, Consultant, Hosp Administrator) of signing authority

Notes: Many trainees might need a better filing system (eg use a clear folder) to store the important training documents for future use.

For use by Exam Committee / Council of HKCEM :-

- | | | |
|--|---------|--------|
| 1. Completion of relevant Examination(s) | Yes [] | No [] |
| 2. Completion of Certification of Training | Yes [] | No [] |
| 3. Enclosure of payment cheque / bank remittance | Yes [] | No [] |
| 4. All required documents submitted | Yes [] | No [] |
| 5. Remarks | | |

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- | | | |
|-----------------------------|---------|--------|
| 6. Accepted for Examination | Yes [] | No [] |
|-----------------------------|---------|--------|

Signed by (.....) **on**

Checked by (.....) **on**

Hong Kong College of Emergency Medicine

Exit Examination in Emergency Medicine

Date – OSCE 8-9 September 2009; Oral 22-24 September 2009

Venues:

OSCE 8-9 September 2009 (A&E training centre)

ORAL 22-24 September 2009 (2/F., HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong/or other institutions)

Eligibility of application : Please refer to the Training Programme for Specialists in Emergency Medicine of Hong Kong College of Emergency Medicine.

Examination Fee : HK\$8,000 – full exam; HK\$4,000 – oral re-sit
(Candidates who fail in the OSCE will be refunded HK\$4,000.)

Closing date for application: 19 August 2009

Aim : To assess the clinical maturity and resourcefulness of the candidates

Part I Exam - **PEEM** to test the knowledge of applied clinical science for emergency medicine

Part II Exam - **IEEM** to test the clinical knowledge and skills;

Format :

Sections
An OSCE (candidate must obtain sufficient marks to proceed to the Oral Examination)
Oral Examination Sections to include and not limited to resuscitation, critical care, medical emergency, surgical emergency, literature appraisal, ED management and inspection of logbook of Emergency Medicine .

Certification : Successful candidates in the examination will be eligible to apply for Diploma of Fellowship of the Hong Kong College of Emergency Medicine.

Registration : The application must be sent to Hong Kong College of Emergency Medicine, Rm 809, 8/F., HKAMJC Bldg., 99 Wong Chuk Hang Rd., Aberdeen, HK (Attn: Dr CW Kam, Chairman of the Examination Committee, HKCEM) **on or before 19 August 2009**, together with the full amount of the fee by 'Account Payee Only' cheque or bank remittance.

Arrangement for Oral Re-sit starting from Year 2004 :

Commencing from year **2004**, candidates who pass the OSCE but fail in the Oral Section will only be required to re-sit for the Oral Section in the next **3 consecutive** diets of EEEM. The examination fee charged will be 50% only for the Oral Re-sit.

Enquiry : Telephone : (852) 2871-8877; Fax : (852) 2554-2913
Email : hkcem@hkam.org.hk