



**Hong Kong College of Emergency Medicine (HKCEM)  
Intermediate Examination in Emergency Medicine (IEEM)**

**Application Form**

- Please kindly complete by using the word file (recommend) / in block letters & black ball pen.
- All **certified true copies** of documents must be certified by the respective Consultant or Authorised Hospital Officer.
- Please enclose **this application form** and **MCEM application form(s)** with **2 sets of all certified true copies**, one for HKCEM and one for CEM.

**Personal Information:**

Please enclose **3 Photographs** with name written on the back, two for HKCEM and one for CEM.

<b>Surname</b> (Family Name) (same as ID Card)		<b>Forename</b> (Given Name) (same as ID Card)	
<b>Chinese Name</b> (if applicable)	<b>Sex #</b>	Male / Female	<b>Date of Birth</b> (day/month/year)

# Please delete where inappropriate.

**Present Appointment:**

Please enclose **certified true copies** of **Licence of Registration** and **Annual Practising Certificate** of Hong Kong Medical Council (HKMC).

<b>Rank</b>		<b>Department</b>	
<b>Hospital</b>		<b>HKMC Registration No.</b>	

**Contact Information:**

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

**Relevant Degrees and Qualifications:**

Please enclose **certified true copies** of **Relevant Degrees**.

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

(Applicants whose names do not appear in the Current GMC Medical Register or HKMC Medical Register must submit evidence of the qualification, and the date of acquirement thereof.)



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***Training Requirement:***

Please enclose **certified true copies** of **Training Documents**.

Please complete in chronological order from internship to the current post.

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



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**Examinations:**

Please enclose **certified true copies** of the **Examination Results**.

\* **At least one of examinations or equivalent must be passed.**

Examinations	Awarding Institutes	Date conferred (day/month/year)	Remark
Part A of MCEM *	CEM		
PEEM *	HKCEM		

For re-attempt applicants, please enclose **certified true copy** of the **last Examination Results**.

<b>Have you previously attempted the IEEM of HKCEM or Part B/C of MCEM? #</b>		Yes / No
<b>Exam. No. of the last Exam</b> (if applicable)		<b>Date of the last Exam</b> (day/month/year)

# Please delete where inappropriate.

**Payment**

Exam Fee: **HK\$15,000** for Part B and Part C / **HK\$6,800** for Re-sit Part B / **HK\$8,200** for Re-sit Part C  
The cheque is payable to "**Hong Kong College of Emergency Medicine**".

Receipt will be issued with the Admission Note.

Part of Exam attended #	Part B and Part C / Re-sit Part B / Re-sit Part C	Cheque Number		Bank	
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# 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