



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

Application Form

Please complete in block letters & black ball pen and 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: _____

* Full postal address: _____

Office: _____ Home: _____

Mobile: _____ Page: _____

Fax: _____

Certification (Please enclose **certified true copy** of documents.)

Date of registration as HKCEM trainee: ____/____ (month/year)

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

Payment

(Exam Fee: **HK\$4,000**; payable to "Hong Kong College of Emergency Medicine". Receipt will be issued.)

Date of PEEM: 7-8 Jun 2011 6-7 Dec 2011
(Closing Date: **10 May 2011**) (Closing Date: **8 Nov 2011**)

Cheque Number: _____ (Bank) _____

Signature of applicant: _____ Date: _____



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Check List

If the application documents received by the HKCEM are incomplete, they may be returned to the applicant and a 10 % of the application fee may be charged for the administration. Hence, please carefully complete the application.

Items	Check by tick
1. I have read and understood the Important Notice .	<input type="checkbox"/>
2. I have completed all the required personal particulars.	<input type="checkbox"/>
3. I have enclosed 2 photographs with name written on the back.	<input type="checkbox"/>
4. I have enclosed all the required certified true copies (by A&E consultant or hospital administration) of my relevant qualifications.	<input type="checkbox"/>
5. I have kept a set of the certified true copies (by A&E consultant or hospital administration) of the certification of my qualifications for future use when required.	<input type="checkbox"/>
6. I have enclosed the required cheque or bank remittance.	<input type="checkbox"/>
7. The Application Form and the relevant documents are submitted.	<input type="checkbox"/>
8. I have sent an email to hkcem@hkam.org.hk to request an interim electronic acknowledgment of my application.	<input type="checkbox"/>
9. I deliver 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 / bank remittance	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. All required documents submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Remarks	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Accepted for Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signed by _____ (_____) on _____

Checked by _____ (_____) on _____