

**Hong Kong College of Emergency Medicine**  
**Application for Enrollment as Trainee**

Name in English: \_\_\_\_\_

Name in Chinese:  
(if applicable) \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(dd/mm/yy)

HK ID Card/Passport No: \_\_\_\_\_

Rank: \_\_\_\_\_

Present Appointment: \_\_\_\_\_ e-mail address \_\_\_\_\_

Hong Kong Medicinal Council Registration No.: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_



***Medical Qualifications:***

Qualifications	Awarding Institutes	Date conferred

***Professional Experience:***

Professional Experience	Period	Official use

**Professional Experience:**

<b>Professional Experience</b>	<b>Period</b>	<b>Official Use</b>

Signature: \_\_\_\_\_ : Signature: \_\_\_\_\_  
(Applicant) (Training Supervisor)  
Date: \_\_\_\_\_ Proposed date of  
registration: \_\_\_\_\_

**For official use:**

Approved by Education Committee on: _____
Fees collection: _____ Record input on: _____

**Notes to applicants:**

- (1) Applicants must be doctors who are registered with the Hong Kong Medical Council and currently working in an accredited Emergency Department.
- (2) Applicants shall enroll with the College by the recommendation of the Training Supervisor of an accredited training centre.
- (3) An enrollment fee of HK\$3,000 is payable to the College on acceptance by the College of your application and a yearly registration fee of HK\$500 is payable thereafter. If you enroll after 30 June, the registration fee for the first year will be HK\$250. All the fees paid are not refundable. All cheques should be payable to Hong Kong College of Emergency Medicine.”
- (4) Clinical experience obtained before enrollment, whether local or overseas, shall be subject to individual assessment by the College for the purpose of recognition as accredited training. \*Please fill in the attached application forms and supply documentary proof for assessment. Due considerations will be given to whether the training is supervised, relevant to emergency medicine and of comparable standard. The decision of the College shall be final.
- (5) The acceptance of the application is subject to the approval of the Education Committee.

# Application for Recognition of Local Professional Experience

(1) Dept./Hospital \_\_\_\_\_ (2) Dept./Hospital \_\_\_\_\_  
Period \_\_\_\_\_ Period \_\_\_\_\_  
Signature of Consultant: \_\_\_\_\_ Signature of Consultant: \_\_\_\_\_  
Hospital Stamp: \_\_\_\_\_ Hospital Stamp: \_\_\_\_\_

(3) Dept./Hospital \_\_\_\_\_ (4) Dept./Hospital \_\_\_\_\_  
Period \_\_\_\_\_ Period \_\_\_\_\_  
Signature of Consultant: \_\_\_\_\_ Signature of Consultant: \_\_\_\_\_  
Hospital Stamp: \_\_\_\_\_ Hospital Stamp: \_\_\_\_\_

(5) Dept./Hospital \_\_\_\_\_ (6) Dept./Hospital \_\_\_\_\_  
Period \_\_\_\_\_ Period \_\_\_\_\_  
Signature of Consultant: \_\_\_\_\_ Signature of Consultant: \_\_\_\_\_  
Hospital Stamp: \_\_\_\_\_ Hospital Stamp: \_\_\_\_\_

(7) Dept./Hospital \_\_\_\_\_ (8) Dept./Hospital \_\_\_\_\_  
Period \_\_\_\_\_ Period \_\_\_\_\_  
Signature of Consultant: \_\_\_\_\_ Signature of Consultant: \_\_\_\_\_  
Hospital Stamp: \_\_\_\_\_ Hospital Stamp: \_\_\_\_\_

## **Application for Recognition of Overseas Professional Experience**

Documentary proof stating the following information from the overseas supervisor must be supplied for consideration.

- (1) Period of training
- (2) Full time / Part time employment
- (3) Job description
- (4) Number of Full-time consultant in the department
- (5) Availability of 24 hours Emergency Department
- (6) The annual attendance of Emergency Department
- (7) Total number of acute hospital beds
- (8) Range of specialties available in the hospital
- (9) Availability of 24 hours laboratory and diagnostic radiology facilities
- (10) Facilities for educational activities
- (11) Recognition from other corresponding overseas colleges