

The Hong Kong College of Psychiatrists

Application Form for Part I Fellowship Examination

All application forms must be filled out typewritten. Handwritten forms are not accepted.

Surname: Chan Name(s): Tai Man Chinese (if applicable): 陳大文
HKID Card/Passport No.: A123456(7) Date of Birth: 7 Jul 1977 Sex: M
Basic Medical Degree: MBBS Year: 2007 University: University of Hong Kong
HKMC No.: M12345 Correspondence Address: Flat A, 66/F, Pass Building, Hong Kong
Telephone No. (mobile): 91111119 Fax No.: 81111118 E-mail Address: chantm@hotmail.com

Part I or Equivalent Qualification(s)

UK: Date of attaining – MRCPsych Part I: _____ Paper 1: 4 Mar 2013 Paper 2: 4 Mar 2013
Others: From (Name of College): _____ Country: _____ Date: _____

Application for exemption from sitting the written examinations. YES/NO*

Present Post: Rank: Resident Institution: KCH From (date): 1 Jul 2006

Recognized Training by the HK College of Psychiatrists (since joining the training scheme)

(Please attach a copy of the updated Professional Appointment training record sheet from your Trainee Logbook)

Number of previous attempts at the Part I FHKCPsych Examination: 0

Recommended by

Dr XXX _____ 1 July 2013
Name of Your Current Trainer Signature of Trainer Date

Approval by Tutor

I certify that the applicant has had sufficient training eligible to sit for Part I Fellowship Examination.

1. He/She is by personality suitable to become a psychiatrist. YES/NO*
2. He/She has fulfilled the attendance requirement of the Central Academic Course. YES/NO*
Central Academic Course attendance 70 %
3. He/She has attended supervised training in clinical psychiatry. YES/NO*
4. He/She has completed the requirements of the Trainee Casebook, the soft copy of which has been sent electronically to the Education Committee on (date) 30 May 13, and was acknowledged #.

Dr AAA _____ 1 Jul 2013
Name of Tutor Signature of Tutor Date

Signature of Applicant _____
Date

Please attach a cheque of HK\$8,000 (Part I examination fee) payable to 'The Hong Kong College of Psychiatrists Ltd', and send to the College Secretariat (Room 906, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen). The examination fee is not refundable after the deadline of application; for exceptional cases, candidates can write to the Board of Examiners for individual consideration.

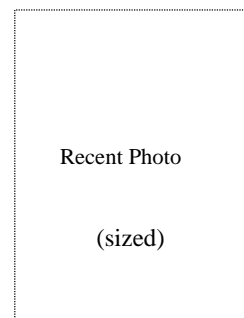
* Delete as appropriate.

Please provide a certified (by a third party: your trainer, tutor, COS or a solicitor) true copy of the relevant document(s) of proof / acknowledgement.

Applicants shall bear the ultimate responsibility for the correctness of information provided in the application form, and for the arrival of the properly filled out application form at the College Secretariat before the specified deadline. The Board of Examiners reserves the right of not accepting applicants to sit for the examination if the applicants fail to observe the above.

BOE will automatic send feedback to the candidates who failed the examination and a copy will be sent to his/her trainer and tutor. Please indicate below by ticking in the box if you disagree

I do not consent for the written feedback of my performance during examination to be released to my trainer/ tutor



The Hong Kong College of Psychiatrists

Application Form for Part II Fellowship Examination

All application forms must be filled out typewritten. Handwritten forms are not accepted.

Surname: Chan Name(s): Tai Man Chinese (if applicable): 陳大文
HKID Card/Passport No.: A123456(7) Date of Birth: 7 Jul 1977 Sex: M
Basic Medical Degree: MBBS Year: 2006 University: University of Hong Kong
HKMC No.: M12345 Correspondence Address: Flat A, 66/F, Pass Building, Hong Kong.
Telephone No. (mobile): 91111119 Fax No.: 81111118 E-mail Address: chantm@hotmail.com

Part I or Equivalent Qualification(s)

HK: Date of attaining – FHKCPsych Part I: Dec 2011
UK: Date of attaining – MRCPPsych Part I: Dec 2011 Paper 1: Mar 2012 Paper 2: Mar 2012
Others: From (Name of College): _____ Country: _____ Date: _____

Part II or Equivalent Qualification(s)

UK: Date of attaining – MRCPPsych Part II: _____ Paper 3: Sep 2012 CASC: _____
Others: From (Name of College): _____ Country: _____ Date: _____

Application for exemption from sitting: written examination YES/NO*; Patient Management Problems YES/NO*.

Present Post: Rank: Resident Institution: KCH From (date): 1 Jul 2006

Recognized Training by the HK College of Psychiatrists (since joining the training scheme)

(Please attach a copy of the updated Professional Appointment training record sheet from your Trainee Logbook)

In accordance with the training requirements, a candidate should normally have taken 3 years' full time (or equivalent part-time) experience of psychiatric training; 18 months Adult General Psychiatry is *strongly recommended* and at least 6 months should be involved in the management of patients admitted to hospital under Part III Cap 136, Mental Health Ordinance (MHO), Hong Kong.

Number of previous attempts at the Part II FHKCPsych Examination: 0

Recommended by

Dr ZZZ 1 Jul 2008
Name of Your Current Trainer Signature of Trainer Date

Approval by Tutor

I certify that the applicant has had sufficient training eligible to sit for Part II Fellowship Examination.

1. He/She is by personality suitable to become a psychiatrist. YES/NO*
2. He/She has fulfilled the attendance requirement of the Central Academic Course. YES/NO*
Central Academic Course attendance 70%
3. He/She has attended supervised training in clinical psychiatry. YES/NO*
4. He/She has completed the requirements of the Trainee Casebook. YES/NO/NA*

If YES, the soft copy of which has been sent electronically to the Education Committee on (date) 30 May 2013, and was acknowledged#. (New Trainee Casebook requirements apply to trainee joining training scheme in or after July 2009, or trainee joined the scheme before July 2009 but not yet passed FHKCPsych Part I/MRCPPsych Paper 1 & 2 as on Jan 2010).

Dr AAA 1 Jul 2013
Name of Tutor Signature of Tutor Date

Signature of Applicant 1 Jul 2013
Date

Please attach a cheque of HK\$9,000 (Part II examination fee) payable to 'The Hong Kong College of Psychiatrists Ltd', and send to the College Secretariat (Room 906, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen). The examination fee is **not** refundable after the deadline of application; for exceptional cases, candidates can write to the Board of Examiners for individual consideration.

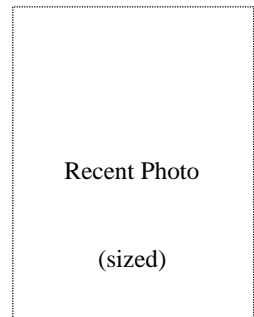
* Delete as appropriate.

Please provide a certified (by a third party: your trainer, tutor, COS or a solicitor) true copy of the relevant document(s) of proof / acknowledgement.

Applicants shall bear the ultimate responsibility for the correctness of information provided in the application form, and for the arrival of the properly filled out application form at the College Secretariat before the specified deadline. The Board of Examiners reserves the right of not accepting applicants to sit for the examination if the applicants fail to observe the above.

BOE will automatic send feedback to the candidates who failed the examination and a copy will be sent to his/her trainer and tutor. Please indicate below by ticking in the box if you disagree

I do not consent for the written feedback of my performance during examination to be released to my trainer/ tutor



The Hong Kong College of Psychiatrists

Application Form for Part III Fellowship Examination

All application forms must be filled out typewritten. Handwritten forms are not accepted.

Surname: Chan Name(s): Tai Man Chinese (if applicable): 陳大文
HKID Card/Passport No.: A123456(7) Date of Birth: 7 Jul 1977 Sex: M
Basic Medical Degree: MBBS Year: 2005 University: University of Hong Kong
HKMC No.: _____ Correspondence Address: _____
Telephone No. (mobile): 91111119 Fax No.: 81111118 E-mail Address: chantm@hotmail.com

Part II or Equivalent Qualification(s)

HK: Date of attaining – FHKCPsych Part II: Dec 2012
UK: Date of attaining – MRCPSych Part II: _____
Others: From (Name of College): _____ Country: _____ Date: _____

Present Post: Rank: Resident Institution: KCH From (date): 1 Jul 2009

Recognized Training by the HK College of Psychiatrists (since joining the training scheme)

(Please attach a copy of the updated Professional Appointment training record sheet from your Trainee Logbook)

In accordance with the Training requirements, a candidate should have had a minimum of full time training of 6 months' duration in 3 subspecialties apart from General Adult Psychiatry in the 6 years of psychiatric training. Please mark with a "✓" the subspecialty training that you have obtained in your training record.

Number of previous attempts at the Part III FHKCPsych Examination: 0

Recommended by

Dr ZZZ _____ 1 Jul 2013
Name of Your Current Trainer _____ Signature of Trainer _____ Date _____

Approval by Tutor

I certify that the applicant has had sufficient training eligible to sit for Part III Fellowship Examination.

1. He/She is by personality suitable to become a psychiatrist. YES/NO*
2. He/She has obtained adequate College Approved CME/CPD points during the period as a senior trainee. YES/NO*
3. He/She has submitted satisfactory yearly evidence-based reviews. YES/NO*
4. He/She has attained at least 18 months of training in General Adult Psychiatry. YES/NO*
5. He/She has fulfilled the attendance requirement of the Central Academic Course. YES/NO*
Central Academic Course attendance 70%
6. He/She is submitting his/her thesis in accordance with the proposal approved. YES/NO*
7. If he/she **has changed the proposal**, the change was/was not* approved by the Board of Examiners.
8. If he/she **has failed in previous attempt(s)**, he/she is/is not* submitting his/her thesis from protocol(s) which has/have been specified by the Board of Examiners that it/they must not be used again.
9. If he/she **has not submitted ethics approval** on applying for project approval, he/she has provided a copy of ethics approval# together with this application. YES/NO/NA* (NA if candidate has already submitted the ethics approval, or the dissertation does not involve research and ethics application).

Dr AAA _____ 1 Jul 2013
Name of Tutor _____ Signature of Tutor _____ Date _____

Signature of Applicant _____ Date _____

Please attach a cheque of HK\$10,000 (Part III examination fee) payable to 'The Hong Kong College of Psychiatrists Ltd', and send to the College Secretariat (Room 906, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen). The examination fee is not refundable after the deadline of application; for exceptional cases, candidates can write to the Board of Examiners for individual consideration.

* Delete as appropriate.

Please provide a certified (by a third party: your trainer, tutor, COS or a solicitor) true copy of the relevant document(s) of proof / acknowledgement.

Applicants shall bear the ultimate responsibility for the correctness of information provided in the application form, and for the arrival of the properly filled out application form at the College Secretariat before the specified deadline. The Board of Examiners reserves the right of not accepting applicants to sit for the examination if the applicants fail to observe the above.

BOE will automatic send feedback to the candidates who failed the examination and a copy will be sent to his/her trainer and tutor. Please indicate below by ticking in the box if you disagree

I do not consent for the written feedback of my performance during examination to be released to my trainer/ tutor

