

# 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: 2001 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: 14 Mar 2008 Paper 2: \_\_\_\_\_  
 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 2004

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

	Institution	From	To	Trainer
1	CPH	1 Jul 2002	30 Jun 2003	Dr XXX
2				

(Use separate white sheet if necessary)

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

**Recommended by**

Dr XXX 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 I Fellowship Examination.

1. He/She is by personality suitable to become a psychiatrist. YES/~~NO~~\*
2. He/She has attended a substantial proportion of the Central Academic Course. YES/~~NO~~\*
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 08, and was acknowledged #.

Dr AAA 1 Jul 2008  
 Name of Tutor Signature of Tutor Date

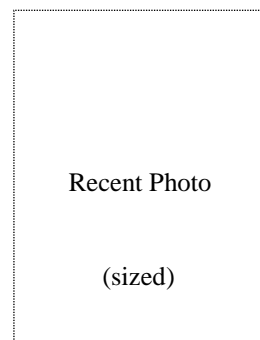
\_\_\_\_\_  
 Signature of Applicant 1 Jul 2008  
 Date

Please attach a cheque of HK\$6,000 (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.



# The Hong Kong College of Psychiatrists

## Application Form for Part II Fellowship Examination

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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: 2001 University: University of Hong Kong  
 HKMC No.: M12345 Correspondence Address: Flat A, 66/F, Pass Building, Hong Kong.

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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 2003  
 UK: Date of attaining – MRCPsych Part I: Dec 2003 Paper 1: \_\_\_\_\_ Paper 2: \_\_\_\_\_  
 Others: From (Name of College): \_\_\_\_\_ Country: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II or Equivalent Qualification(s) #**

UK: Date of attaining – MRCPsych Part II: \_\_\_\_\_ Paper 3: Apr 2005 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 2005

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

	Institution	From	To	Trainer
1	PYNEH	1 Jul 2002	30 Jun 2003	Dr XXX
2 ✓	CPH	1 Jul 2003	30 Jun 2004	Dr YYY

(Use separate white sheet if necessary)

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 mandatory 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. Please mark your working experience in the unit under MHO with a "✓".

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 attended a substantial proportion of the Central Academic Course. YES/~~NO~~\*
3. He/She has attended supervised training in clinical psychiatry. YES/~~NO~~\*

Dr AAA \_\_\_\_\_ 1 Jul 2008  
 Name of Tutor Signature of Tutor Date

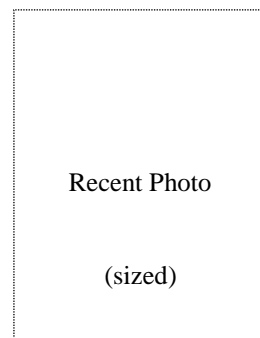
\_\_\_\_\_  
 Signature of Applicant 1 Jul 2008  
 Date

Please attach a cheque of HK\$6,000 (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.

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# The Hong Kong College of Psychiatrists

## Application Form for Part III Fellowship Examination

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 HKID Card/Passport No.: A123456(7) Date of Birth: 7 Jul 1977 Sex: M  
 Basic Medical Degree: MBBS Year: 2001 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 II or Equivalent Qualification(s) #**

HK: Date of attaining – FHKCPsych Part II: Dec 2005  
 UK: Date of attaining – MRCPsych Part II: \_\_\_\_\_  
 Others: From (Name of College): \_\_\_\_\_ Country: \_\_\_\_\_ Date: \_\_\_\_\_

**Present Post:** Rank: Resident Institution: KCH From (date): 1 Jul 2008

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

	Institution	From	To	Trainer
1 ✓	PYNEH	1 Jul 2002	30 Jun 2003	Dr XXX
2	CPH	1 Jul 2003	30 Jun 2008	Dr ZZZ

(Use separate white sheet if necessary)

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 the table above.

Number of previous attempts at the Part III 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 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 attended a substantial proportion of the Higher Central Academic Course (CAC). YES/~~NO~~\*
5. He/She is submitting his/her thesis in accordance with the proposal approved. YES/~~NO~~\*
6. If he/she **has changed the proposal**, the change was/~~was not~~\* approved by the Board of Examiners.
7. 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.

Dr AAA \_\_\_\_\_ 1 Jul 2008  
 Name of Tutor Signature of Tutor Date

\_\_\_\_\_  
 Signature of Applicant 1 Jul 2008  
 Date

Please attach a cheque of HK\$6,000 (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.

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