

The Hong Kong College of Psychiatrists

Application Form for Part I Fellowship Examination

All application forms must be filled out typewritten.

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 preferred): 91111119 Fax No.: 81111118 E-mail address: chantm@hotmail.com

Part I or Equivalent Qualification(s)

UK: Date of attaining – MRCPsych Part I: _____ Paper I: 14 Mar 2008 Paper II: _____
Others: From (Name of College): _____ Country: _____ Date: _____

Present Post: Rank: Resident Institution: Hospital One From (date): 1 Jul 2002

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

	Institution	From	To	Trainer
1	Hospital One	1 Jul 2002	30 Jun 2003	Dr XXX
2				
3				

(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 2008, 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 HK\$6,000 (Part I Examination fee) payable to 'the Hong Kong College of Psychiatrists Ltd.', and send to the Secretary of the Board of Examiners.

Refundable if not accepted for examination.

* Delete as appropriate.

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 Secretary of the Board of Examiners 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.

Recent photo
(passport size)

The Hong Kong College of Psychiatrists

Application Form for Part II Fellowship Examination

All application forms must be filled out typewritten.

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 preferred): 91111119 Fax No.: 81111118 E-mail address: chantm@hotmail.com

Part I or Equivalent Qualification(s)

UK: Date of attaining – MRCPsych Part I: Dec 2003 Paper I: _____ Paper II: _____
 Others: From (Name of College): _____ Country: _____ Date: _____

Part II or Equivalent Qualification(s)

UK: Date of attaining – MRCPsych Part II: _____ Paper III: _____ CASC: _____
 Others: From (Name of College): Hong Kong College of Psychiatrists Country: Hong Kong Date: Dec 2005

Present Post: Rank: Resident Institution: Hospital One From (date): 1 Jul 2002

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

	Institution	From	To	Trainer
1	Hospital One	1 Jul 2002	30 Jun 2003	Dr XXX
2 ✓	Hospital Two	1 Jul 2003	30 Jun 2004	Dr YYY
3	Hospital One	1 Jul 2004	30 Jun 2005	Dr ZZZ

(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.

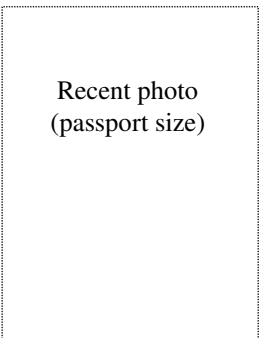
1. He/She is by personality suitable to become a psychiatrist. YES/NO*
2. He/She has attended a substantial proportion of the Central Academic Course. YES/NO*
3. He/She has attended supervised training in clinical psychiatry. YES/NO*

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

 Signature of Applicant 1 Jul 2008
 Date

- # Please attach a cheque HK\$7,000 (Part II Examination fee) payable to 'the Hong Kong College of Psychiatrists Ltd.', and send to the Secretary of the Board of Examiners. Refundable if not accepted for examination.
- * Delete as appropriate.

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 Secretary of the Board of Examiners 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 III Fellowship Examination

All application forms must be filled out typewritten.

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 preferred): 91111119 Fax No.: 81111118 E-mail address: chantm@hotmail.com

Part I or Equivalent Qualification(s)

UK: Date of attaining – MRCPsych Part I: Dec 2003 Paper I: _____ Paper II: _____

Others: From (Name of College): _____ Country: _____ Date: _____

Part II or Equivalent Qualification(s)

UK: Date of attaining – MRCPsych Part II: _____ Paper III: _____ CASC: _____

Others: From (Name of College): Hong Kong College of Psychiatrists Country: Hong Kong Date: Dec 2005

Present Post: Rank: Resident Institution: Hospital One From (date): 1 Jul 2002

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

	Institution	From	To	Trainer
1 ✓	Hospital One	1 Jul 2002	30 Jun 2003	Dr XXX
2	Hospital Two	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 Date

Please attach a cheque HK\$8,000 (Part III Examination fee) payable to 'the Hong Kong College of Psychiatrists Ltd.', and send to the Secretary of the Board of Examiners.

Refundable if not accepted for examination.

* Delete as appropriate.

Recent photo
(passport size)

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 Secretary of the Board of Examiners 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.