## **Category I Candidates - Documentation of Training Form**

All Category I candidates who apply to sit for the **Written** Examination for the first time **MUST** submit documented evidence of completion of not less than **15 months** of College approved basic training by 31 March 2015, together with the application.

All Category I candidates who apply to sit for the **Clinical** Examination for the first time **MUST** submit documented evidence of completion of not less than **39 months** of approved basic training by 31 March 2015, together with the application.

## Part A

## **Basic Training excluding Internship Year, up to 31 March 2015**

	Hospital Based	Training Centre	Date		Sub Total
	(Specialty)	3	From	То	(months)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
				Total	
	Community Based	Training Centre	Date		Sub Total
	(Family Medicine)		From	То	(months)
1.					
2.					
3.					
4.					
				Total	

N.B. Category I candidates must produce their updated content checklists for basic training upon request.

## Part B - Certification by BVTS / Clinical Supervisor / Cluster Coordinator

I certify that Dr	by 31 March	(Candidate Name) have co 2015.	mpleted months of
Certified by BVTS / Clinical Supervisor / Cluster Coordinator (signature):	Position	Contact Phone Number	Address
Name of Clinical Supervisor / Cluster Coordinator:		(Block Letter)	Date:
Part C – Certification by cand	lidate		
I, Dr of HKCFP approved basic traini basic training by the end of 201	ng / will have o		
Certified by candidate (signature):			