## THE HONG KONG COLLEGE OF FAMILY PHYSICIANS Application Form for the Certification of Completion of **Basic Training in Family Medicine**

Name of Trainee:	(The name to be printed on the ce	
	Block letter please	•• •
Starting Date of Training:		(DD / MM / YYYY)
Completion Date of Training:		(DD / MM / YYYY)
I would like to apply for completion of	□Two-Year of Basic Training. □Four-Year of Basic Training.	
Please complete the following table of v	•	

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Period (MM/YY – MM/YY)	Name of Training Unit	Specialty	Completion of Relevant content checklist in Handbook	Completion of relevant checklist in Logbook (pages 4-12) ck in the followir	Feedback report from supervisors (per specialty)
			Please ti	CK IN the followir	ng boxes

## Please complete the following checklist:

Yes / No*
Yes / No*

Signature:	Date:
•	


## For Official Use Only

1. Retrospective accreditation letter from BVTS	Yes / No*
2. Evidence submitted by trainee	Yes / No*

3. Certificate of completion of basic/ higher training

Yes / No\*

\* delete as appropriate