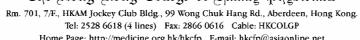


## 香港家庭醫學學院

# The Hong Kong College of Hamily Physicians





Home Page: http://medicine.org.hk/hkcfp E-mail: hkcfp@asiaonline.net 香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓7樓701室

## APPLICATION FORM FOR NON-HKSAR MEMBERSHIP

Name in Chinese:		(Surname first, Block Letters, Plea	ase)
Country of Domicile:  Place(s) of Practice:  Telephone No.:  Fax No.:  Telephone No.:  E-mail Address:  Hong Kong Correspondence Address (if applicable): English (Mandatory):  Chinese:  DEGREES AND OTHER QUOTABLE QUALIFICATIONS: (As approved by the Hong Kong Medical Council)  Qualification  Date Obtained  Granting Authority  REGISTRATION: (Please attached a certified copy of your registration document)  Registration Authorities  Registration Number  Date of Full Registratio  Hong Kong Medical Council	Name in Chinese:	I.D. Card No.:	
Place(s) of Practice:	Sex:	Date of Birth:	
Telephone No.:	Country of Domicile:		
Correspondence Address:	Place(s) of Practice:		
E-mail Address:	Telephone No.:	Fax No.:	
E-mail Address:  Hong Kong Correspondence Address (if applicable):  English (Mandatory):  Chinese:  DEGREES AND OTHER QUOTABLE QUALIFICATIONS: (As approved by the Hong Kong Medical Council)  Qualification  Date Obtained  Granting Authority  REGISTRATION: (Please attached a certified copy of your registration document)  Registration Authorities  Registration Number  Date of Full Registratio  Hong Kong Medical Council	Correspondence Address:		
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CURRENT APOINTMENTS/PRACTICE: (Please include details such as specialty, type of practices, name of supervising consultant, if any)			



PARTICULARS OF ACADEMIC ACHIEVEMENTS:

### 港 家 庭 院

The Hong Kong College of Hamily Hysicians

Rm. 701, 7/F., HKAM Jockey Club Bldg., 99 Wong Chuk Hang Rd., Aberdeen, Hong Kong.

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Research:
Publications, including theses and prize essays:
Experience in teaching:
Scholarship and prizes:
PARTICULARS OF MEMBERSHIP OF MEDICAL OR RELATED ORGANIZATIONS:
Please indicate in details the following if applicable:  (i) Previous criminal record or current criminal investigation in any jurisdiction.  (ii) Previous medical council disciplinary record or equivalent in any jurisdiction.  (iii) Current medical disciplinary investigation or proceedings in any jurisdiction.
I desire to become a Non-HKSAR Member of the Hong Kong College of Family Physicians, and I hereby give an undertaking that, on admission to the Hong Kong College of Family Physicians, I will:  (i) uphold and promote to the best of my ability the aims and objectives of the College;  (ii) observe and comply with the provisions of the Memorandum and Articles of Association and such Regulations and Bye-laws of the College as may from time to time be in force; and  (iii) undertake and continue approved post-graduate study while I remain a member of the College.
I declare that:- (i) I have not practised in Hong Kong SAR for more than one year; (ii) I undertake to inform the College as soon as I resume remunerative medical practice in Hong Kong SAR; and (iii) I will keep the College updated with my address for correspondence.
I hereby enclose a cheque of HK\$being subscription fee for the year  I consent to the personal data contained herein to be used by the College for all academic and administrative purposes.
Date: Signature:
Please return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm701, HKAM Jockey Club Bldg., 99 Wong Chuk Hang Road, Aberdeen, Hong Kong with:  - 2 passport size photos  - A cheque for your entrance and subscription fee payable to "The Hong Kong College of Family Physicians" which will be returned in case of unsuccessful application
<u>For Official Use Only</u>
Annual Subscription for the yearHK\$paid Recommended/Not recommended by Membership Committee
Signed: Date:

Application for \*Non-HKSAR/Transfer to Non-HKSAR Membership approved by the Council on\_ \*Please delete as appropriate