

# HONG KONG COLLEGE OF PAEDIATRICIANS

## Application for Retrospective Accreditation of Training in Paediatrics

### Procedures :

1. Applicant writes to Secretary of College – note the retrospective nature of application
2. Secretary redirects application to Accreditation Committee (AC)
3. Secretary of Accreditation Committee (AC) – sends standard form to applicant
4. Applicant returns application form with training details
  - + Reasons for not applying prospective accreditation of training
  - + \$10,000
  - + Declares no interruption during training period /or gives reasons for interruption
  - + Statement undertaking all information supplied are correct
5. Vetting by subcommittee (Dr. Ho Che Shun & colleagues)
6. Recommendation of approval/disapproval by AC
7. Approval by Council
8. Refer to Membership Committee for further action

**HONG KONG COLLEGE OF PAEDIATRICIANS**  
**Application for Retrospective Accreditation of Training in Paediatrics**

Dr. C.W. Chan  
 Chairman, Accreditation Committee  
 Hong Kong College of Paediatricians

I would like to apply for retrospective accreditation of my training \_\_\_\_\_ (dd/mm/yy)  
 to \_\_\_\_\_ (dd/mm/yy).

I am/am not \* a member /associate member \* of the College since \_\_\_\_\_ (mm/yy).

I passed the MRCP Part II examination on \_\_\_\_\_ (mm/yy).

I did not apply for prospective accreditation of my training because  
 \_\_\_\_\_.

Details of my training proposed for accreditation are listed (excluding internship training) :

Year	Month	Institution	Country	Specialty		
				General	Neonatology	Others

I enclose a letter from my previous supervisor/head of department certifying my previous training.

To my knowledge, the centre (s) where I received training are/are not \* accredited training centre (s) in the country.

I enclose a cheque of \$10,000 for the purpose of this accreditation exercise.

I declare that there has been no interruption during my whole training period.  
 (For applicant with interruption of training : The reason for my interruption from  
 \_\_\_\_\_ to \_\_\_\_\_ is \_\_\_\_\_.

I undertake that all the information supplied are true and accurate.

Two trainers agreed to be my referees : \_\_\_\_\_  
 \_\_\_\_\_

\* delete as appropriate

Dr. C.W. Chan  
Chairman, Accreditation Committee  
Hong Kong College of Paediatricians

Date :

Dear Dr. Chan,

I certify that Dr. \_\_\_\_\_ has undergone training in  
General Paediatrics / Neonatology / Others : \_\_\_\_\_ in our  
institution for a period of \_\_\_\_\_ months \_\_\_\_\_ (dd/mm/yy)  
to \_\_\_\_\_ (dd/mm/yy). During his/her training he/she has undertaken the  
following activities (tick as appropriate) :

Ward duties \_\_\_\_\_

Supervised clinical rounds \_\_\_\_\_

Out Patient Clinic \_\_\_\_\_

On call duties \_\_\_\_\_ 1/ \_\_\_\_\_ nights

Academic meetings \_\_\_\_\_

\_\_\_\_\_  
Dr./Prof.

\_\_\_\_\_  
Head of Department

\* To be filled by Supervisor / Head of department of the institution from which the training took place.