Hong Kong College of Paediatricians
Accreditation Committee
Application for Retrospective Accreditation of Training in Paediatrics

(Please read the instructions on page 3)

Your name	
Your hospital	
Your e-mail address	

Training History	
Current training	☐ Basic / ☐ Higher
Basic Training from (date)	
Higher Training from (date)	

Period of Training to be retrospectively accredited
(Training must be completed in a designated training post within an accredited institution in Hong Kong, or at a nationally accredited institution in the applicant's country of practice.)

Training Period (dd/mm/yy)	**From:**
	To:
Total duration (months))	
Reason of application	☐ I am applying for my previous training overseas ☐ I did not apply for College membership before the deadline ☐ Others: _____ _____
Date of obtaining MRCPCH (UK) or equivalent (if applicable)	
Did your training under application include any interruption periods (e.g. maternity leave / sick leave)	☐ No
	☐ Yes (Reason: _____) (From to)
Name and e-mail address of two of my previous trainers who agree to be my referees (The College may contact them for verification purpose)	**Name:** **E-mail address**
	Name **E-mail address**

Summary of Training Experience during the period under application (please make additional copies of this page if more space is needed)

Training Period (dd/mm/yy)		Country	Name of Institution [#]	Name of Training Supervisor	Training Area (please state)
From	To				General/ Community / Neonataology / Subspecialty

[#] *All the institutions must be accredited training centres of the respective countries*

Other Training

Training	Date of Completion
Paediatric Advanced Life Support (Or equivalent – please specify _____)	
Neonatal Resuscitation Program (Or equivalent – please specify _____)	
Child Protection training (Or equivalent – please specify _____)	
Safety of Sedation Training (or equivalent)	

I hereby declare the information provided is accurate.

Signature of applicant: _____

Endorsed by Department Training Supervisor: _____

Date of application: _____

Instructions:

(1) An applicant should be a paid-up Associate Member of the College.

(2) Please provide a brief description of the training activities during each of the training periods listed in the table on page 2 (e.g. ward rounds, emergency room duties, labour room attendances, out-patient clinics, academic meetings, research)

(3) The Application should be accompanied by the relevant supporting documents, including:

- *A. Signed Certifications from your previous trainers (please see Appendix)*
- *B. Official training records (e.g. e-Portfolio, training appraisal forms)*
- *C. Copies of diplomas or certificates of any qualifications obtained or training completed during the period under application e.g. MRPCH, PALS, NRP etc*
- *D. Any other documents that will support your application*

(4) Please attach your curriculum vitae with the application

(5) The Training Supervisor of your department should endorse your application by signing this application form.

(6) Processing of an application may take more than three months.

(7) Please send the form to the College Secretariat, Hong Kong College of Paediatricians, by e-mail to candy.kwok@paediatrician.org.hk or by post to Room 801, HK Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

Cut-off dates for the Application of Retrospective Accreditation

AC meeting	*Deadline for Application with the complete set of application documents*
February	*1 December*
May	*1 March*
August	*1 June*
November	*1 September*

Applications received after this deadline will be deferred to the next scheduled meeting.

APPENDIX

HONG KONG COLLEGE OF PAEDIATRICIANS

Application for Retrospective Accreditation of Paediatric Training

Certification from Supervising Trainer / Head of Department

To: Chairman of Accreditation Committee
Hong Kong College of Paediatricians
Room 801 Hong Kong Academy Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen
Hong Kong
(E-mail: enquiry@paediatrician.org.hk)

I certify that (Applicant's name) _____ has undertaken training at this institution from _____ (dd/mm/yy) to _____ (dd/mm/yy).

The training was in General Paediatrics* / Community Paediatrics* / Neonatology* / other subspecialty* (please specify) _____.

The training activities were conducted as follows:

Activity	Frequency
Supervised Ward Rounds	
Out-patient clinics	
On-call duties /Shifts	
Academic meetings	
Others	

The Applicants has completed the training with satisfactory performance.

_____
(Signature and name of Supervising Trainer)

_____
(Name of Institution)

Date: _____