

**Hong Kong College of Paediatricians  
Accreditation Committee**

**Application for Retrospective Accreditation of Training in Paediatrics**

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*(Please read the instructions on page 3)*

<b>Your name</b>	
<b>Your hospital</b>	
<b>Your e-mail address</b>	
<b>Training History</b>	
Current training	<input type="checkbox"/> Basic / <input type="checkbox"/> Higher
Basic Training from (date)	
Higher Training from (date)	
<b>Period of Training to be retrospectively accredited</b>	
Training Period (dd/mm/yy)	<b>From:</b>
	<b>To:</b>
Total duration (months))	
Reason of application	<input type="checkbox"/> I am applying for my previous training overseas <input type="checkbox"/> I did not apply for College membership before the deadline <input type="checkbox"/> Others: <hr/> <hr/>
Date of obtaining MRCPCH (UK) or equivalent (if applicable)	
Did your training under application include any interruption periods (e.g. maternity leave / sick leave)	<input type="checkbox"/> No
	<input type="checkbox"/> 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)	<b>Name:</b>
	<b>E-mail address</b>
	<b>Name</b>
	<b>E-mail address</b>

**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 / Neonatology / 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](mailto: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.

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**Cut-off dates for the Application of Retrospective Accreditation**

<u>AC meeting</u>	<u>Deadline for Application with the complete set of application documents</u>
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](mailto: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: \_\_\_\_\_