

Hong Kong College of Paediatricians

Exit Assessment **Form A**

Record of Higher Training in Paediatrics

Name of candidate: _____

Department / Hospital: _____

Dissertations for Submission (*Dissertations should **not** be on the same disease condition*):

1. Study: _____

2. Case Report: _____

Date of entry into Higher Training programme: _____

| Training Period (dd/mm/yy) (in chronological order with the most recent at the top) | | Hospital | Department | Duration of Training (in months) | General Paediatrics or Subspecialty (Specify) |
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This form should be completed CLEARLY and returned with the applicant's application form for Exit assessment

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