Hong Kong College of Paediatricians

Application Form for First Fellow of the Subspecialty of

Paediatric Cardiology (PC)

Note: please download this form in word format from College website, complete the relevant information, then print out and sign before returning to College Secretariat

Name: _____ (English) _____ (Chinese)

Gender" M/F _____

Current practice address: _____

_____

Correspondence address: _____

_____

Tel: Fax: _____ Email: _____

Basic medical degree (year): _____

HKCPaed Fellowship (state the year & month of passing Exit Exam) _____ (yy/mm)

HKAM (Paed) Fellowship (state the year & month of admission): _____ (yy/mm)

Other medical qualifications _____

_____

_____

1. **Duration of supervised training in the Subspecialty of <u>PC</u>**:

Total: _____ yrs _____ months (Mandatory requirement: 6 months)
Please supply proof of training for each period

Date (from – to)	Hospital/Department	Post	Supervisor/s

2. **Duration of good independent practice in the Subspecialty of <u>PC</u>**:

_____ years _____ months
(*Please do not double count with the practice with other subspecialties both before and post Paediatric Cardiology application.)*

Date *(from – to)*	Hospital / Department	Post / Position

Please describe the clinical experience during the independent practice period, including patients, diseases, procedures performed, clinics and other related activities.

Subspecialty conferences /courses / meetings attended
(append table as needed)

Date	*Name of courses / conferences /meetings*	*Organizing body*	*Place*	*audience / presenter*

3. **Research & Publications, relevant to the Subspecialty of PC:**
(append space as needed)

4. Participation in subspecialty professional bodies
(append table as needed)

Date *(from – to)*	Name of professional body	Post held

5. Teaching activities
(append space as needed)

Please submit documents to support the above information. You may also submit a summary of your CV as supplement. Please suggest two referees with contacts in the subspecialty for reference.

Name of Referee 1: _____ Position: _____

Contact address: _____

Email: _____ Tel: _____

Name of Referee 2: _____ Position: _____

Contact address: _____

Email: _____ Tel: _____

Declaration:
I hereby declare that all the information submitted with this application is true and complete. Submission of any false information may result in withdrawal of any Subspecialist qualification, even if granted by the Hong Kong College of Paediatricians.

_____ _____
Signature Date

Please submit the following in your application:

1. *The duly signed Application Form*
2. *Documentation of the period of your supervised training (please give reason if not available)*
3. *Brief curriculum vitae showing your relevant experience /activity in the subspecialty*
4. *A crossed cheque of **$3,000** (being the non-refundable First-Fellow Application Fee, payable to "**Hong Kong College of Paediatricians**")*

*by mail or by hand to the Honorary Secretary, Hong Kong College of Paediatricians, Room 801, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong, on or **before 31 July 2024**.*

(Note: your application will proceed only when the College and HKAM approves the establishment of the Subspecialty. In any case, you will be kept informed of the progress of vetting of the Subspecialty, and whether you'll be accepted as provisional First Fellow. A non-refundable Application Fee $3,000 and, if successful, Admission Fee $7,000 will be charged. Please note that you may be requested to provide further proof of your subspecialty experience and you will need to attend an interview for admission as First Fellow.)