

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. _____

2. _____

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)
From	To				

This form should be completed CLEARLY and returned with the applicant's application form for Exit assessment

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