

HONG KONG COLLEGE OF PAEDIATRICIANS

APPLICATION FOR EXIT ASSESSMENT

(in _____ Month / _____ Year)

I. Particulars

Name: _____ (English)
(BLOCK LETTERS)

_____ (Chinese)

(Recent Photo)

Sex: M / F Date of Birth: (day/month/year) ____ / ____ / ____

Nationality: _____

Hong Kong Identity Card No./Passport No.: _____ / _____

Office Address: _____

_____ Tel _____ Fax _____

Home Address: _____

_____ Tel _____ Fax _____

E-mail Address : _____

Present Appointment: _____

Working Institute: _____

Qualifications:

<i>Qualification</i>	<i>Awarding Institute</i>	<i>Date</i> (month/year)	<i>Date Passing Exam</i> (month/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date started **Basic Training**: _____

Are you a Member of the Hong Kong College of Paediatricians? _____ Yes / No

Date of Admission: ____ / ____ (month/year)

Registration with the Medical Council of Hong Kong:- Registration Number _____

II Working Experience / Training (including internship)

<i>Post</i>	<i>Institute</i>	<i>Period</i>
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____

Put a tick in () to those relevant to training in paediatric medicine.

Supervisors & Trainers during Period of Accredited Training in Paediatrics

<i>Supervisor</i>	<i>Trainer</i>	<i>Institute</i>	<i>Period</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If you are unable to fill in all details in this section, please continue on a separate sheet.)

III Publications / Write-Ups for Submission

I declare that the above information is true and correct.

_____ Date: _____
(Signature of applicant)

Proposer 1 **

Name: _____ Qualification: _____

Post: _____ Signature: _____ Date: _____

Address: _____

Proposer 2 **

Name: _____ Qualification: _____

Post: _____ Signature: _____ Date: _____

Address: _____

**** Must be a Fellow of the Hong Kong College of Paediatricians and a Trainer / Supervisor of the candidate within 3 years of the Exit Assessment.**

Candidate Declaration

I declare that by **31st July** _____ (year) (for June Exit Assessment) * / **31st January** _____ (year) (for December Exit Assessment)*, I will have completed* **at least 3 years** of Higher Training to fulfil the College and eligibility requirements to sit for the Exit Assessment.’

**delete as appropriate*

Date: _____

(Signature of applicant)

Guidance Notes for calculating interrupted Higher Training :

1. The Higher training programme should be continuous unless approved by Accreditation Committee.
2. The interruption should normally be less than one year for consideration of the 6-year training programme.
3. Any one period of interruption should not be more than 12 weeks without the need of additional training.
4. A maximum of 24 weeks of cumulative leave (leave other than the entitled statutory leave, annual leave, casual leave, training & study leave as approved by the Accreditation Committee) would be allowed during a trainee’s 6-year of training period, where not more than 12 weeks allowed during either the Basic or Higher Training period.
5. Only one period of continuous or cumulative 12-week leave (including sick leave, no pay leave & maternity leave) would be allowed during each of the 3-year Basic Training Programme or Higher Training Programme. Such 12-week leave would not include the entitled statutory leave, annual leave and casual leave. Trainees taking leave more than that, would be required to extend his/her training period to make up for the interruption in excess of 12 weeks during either Basic or Higher Training.
6. A Higher Trainee is allowed to sit the Exit Assessment if the Higher Training is expected to be completed by 31 July of the same year (for June Exit) and 31 January of the following year (for December Exit), provided that he/she will make up for the training deficiency after the Assessment. In such a case, elevation to Fellowship will commence only after the deficient training has been completed.

Check List for Returning the Exit Assessment Application Form:

1. In your submission, the following are required: certified true copies of certificates, 2 photographs certified by one of the proposers, write-ups, log sheets of higher training, supervisor’s reports, Exit Assessment Form A-Record of Higher Training in Paediatrics, Exit Assessment Form B-Checklist for Dissertations and a cheque in the amount of **HK\$6,300** for assessment fee made payable to “**Hong Kong College of Paediatricians**”.
2. For all trainees who started their *basic* paediatric training on or after 1st July 2009, a proof of completion of a formal **Child Protection Course** within their 6-year Paediatric Training Programme should be submitted along with the application.
3. For all trainees who started their *higher* paediatric training on or after 1st July 2020, a proof of completion of a formal **Paediatric Palliative Care Course** within their 6-year Paediatric Training Programme should be submitted along with the application.
4. In the event of a discrepancy in the submitted training record and the actual training undertaken by a trainee being detected, the College reserves the right to declare the assessment result as invalid and the candidate would have to re-sit the Exit Assessment after the training deficiency had been corrected.
5. Return the Application to the Secretariat of the Hong Kong College of Paediatricians, Room 801, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.