

Hong Kong College of Paediatricians

Application for entry to the MRCPCH Clinical Examination

Candidate Declaration Form

Full Name (exactly as it appears on your Primary Medical Qualification): Correspondence Address: Home Telephone Number: Email Address: Hospital: Grade/Post: Dates (dd/mm/yyyy): From: To: Date of commencement of basic training: (dd/mm/yyyy) Important: Please attach a copy of your Associateship approval letter issued by the Honorary Secretary of HKCPaed, which states your Basic Training starting date. I declare that I have completed months of College recognized paediatric basic training as of 25 th February 2020. Signature of Candidate Date	RCPCH Code Number:					
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	February 2020.					
	Signature of Candidate					
Date						
	Date					

(To be completed by COS / Training Supervisor)									
I certify to my best knowledge that									
FULL NAME OF CANDIDATE									
Has completed a period of months of College recognized paediatric training as of 25 th February 2020 .									
Full Name (COS /Training Supervisor)			(Please p	rint)					
Signature									
Position									
Hospital									
Date									
Previous MRCPCH Clinical Examination Attempts									
Date of Examination (mm/yyyy)									
Examination Centre (e.g. HK, UK)									
(F-FAIL)									
(DF1-Deferred once)									
(DF2-Deferred twice)									