

**Hong Kong College of Paediatricians
Accreditation Committee**

Application for Retrospective Accreditation of Training in Paediatrics

(Please read the instructions on page 3)

Your name	
Your hospital	
Your e-mail address	
Training History	
Current training	<input type="checkbox"/> Basic / <input type="checkbox"/> Higher
Basic Training from (date)	
Higher Training from (date)	
Period of Training to be retrospectively accredited	
Training Period (dd/mm/yy)	From:
	To:
Total duration (months))	
Reason of application	<input type="checkbox"/> I am applying for my previous training overseas <input type="checkbox"/> I did not apply for College membership before the deadline <input type="checkbox"/> Others: <hr/> <hr/>
Date of obtaining MRCPCH (UK) or equivalent (if applicable)	
Did your training under application include any interruption periods (e.g. maternity leave / sick leave)	<input type="checkbox"/> No
	<input type="checkbox"/> Yes (Reason: _____) (From _____ to _____)
Name and e-mail address of two of my previous trainers who agree to be my referees (The College may contact them for verification purpose)	Name:
	E-mail address
	Name
	E-mail address

Summary of Training Experience during the period under application (please make additional copies of this page if more space is needed)

Training Period (dd/mm/yy)		Country	Name of Institution #	Name of Training Supervisor	Training Area (please state)
From	To				General/ Community / Neonatology / Subspecialty

All the institutions must be accredited training centres of the respective countries

Other Training

Training	Date of Completion
Paediatric Advanced Life Support (Or equivalent – please specify _____)	
Neonatal Resuscitation Program (Or equivalent – please specify _____)	
Child Protection training (Or equivalent – please specify _____)	
Safety of Sedation Training (or equivalent)	

I hereby declare the information provided is accurate.

Signature of applicant: _____

Endorsed by Department Training Supervisor: _____

Date of application: _____

Instructions:

- (1) An applicant should be a paid-up Associate Member of the College.*
- (2) Please provide a brief description of the training activities during each of the training periods listed in the table on page 2 (e.g. ward rounds, emergency room duties, labour room attendances, out-patient clinics, academic meetings, research)*
- (3) The Application should be accompanied by the relevant supporting documents, including:*
 - A. Signed Certifications from your previous trainers (please see Appendix)*
 - B. Official training records (e.g. e-Portfolio, training appraisal forms)*
 - C. Copies of diplomas or certificates of any qualifications obtained or training completed during the period under application e.g. MRPCH, PALS, NRP etc*
 - D. Any other documents that will support your application*
- (4) Please attach your curriculum vitae with the application*
- (5) The Training Supervisor of your department should endorse your application by signing this application form.*
- (6) Processing of an application may take more than three months.*
- (7) Please send the form to the College Secretariat, Hong Kong College of Paediatricians, by e-mail to lily.lin@paediatrician.org.hk or by post to Room 801, HK Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.*

(For official use)

Application received on: _____

Accreditation Committee meeting date: _____

Result: Approved / Not approved (Reason: _____)

Total Period Accredited: _____

APPENDIX
HONG KONG COLLEGE OF PAEDIATRICIANS
Application for Retrospective Accreditation of Paediatric Training
Certification from Supervising Trainer / Head of Department

To: Chairman of Accreditation Committee
 Hong Kong College of Paediatricians
 Room 801 Hong Kong Academy Jockey Club Building
 99 Wong Chuk Hang Road, Aberdeen
 Hong Kong
 (E-mail: enquiry@paediatrician.org.hk)

I certify that (Applicant's name) _____ has undertaken training at this institution from _____ (dd/mm/yy) to _____ (dd/mm/yy).

The training was in General Paediatrics* / Community Paediatrics* / Neonatology* / other subspecialty* (please specify) _____.

The training activities were conducted as follows:

Activity	Frequency
Supervised Ward Rounds	
Out-patient clinics	
On-call duties /Shifts	
Academic meetings	
Others	

The Applicants has completed the training with satisfactory performance.

 (Signature and name of Supervising Trainer)

 (Name of Institution)

Date: _____