**HONG KONG COLLEGE OF PAEDIATRICIANS**

**SUBSPECIALTY OF PAEDIATRIC RESPIRATORY MEDICINE (PRM)**

APPLICATION FOR EXIT ASSESSMENT held on **24th August 2023 (Thursday)**

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| --- | --- |
| Name (English) | recent photo  *<attach photo in jpeg/tiff format>* |
| (Chinese) |  |
| Gender (M / F): |  |
| Date of birth (dd/mm/yy) |  |
| Nationality |  |
| Hong Kong Identity Card no./ |  |
| Passport no. |  |

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| --- | --- |
| Office address |  |
|  |  |
|  | Tel: Fax: |
| Home address: |  |
|  |  |
|  | Tel: Fax: |
|  |  |
| E-mail address: |  |
| Present appointment: |  |
| Affiliations: |  |
|  |  |

**Professional qualifications**

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| Date (mm/yy) |
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| Awarding body |
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| Qualification |
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| Hong Kong College of Paediatricians Fellowship number: |  |
| The Medical Council of Hong Kong (MCHK) number: |  |

I declare that the above information is true and correct.

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| |  | | --- | | Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Proposer 1 \*\***

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| --- | --- |
| Name: |  |
| Qualification: |  |
| Post: |  |
| Institution: |  |
| Address: |  |
| E-mail: |  |
| Signature: |  |
| Date: |  |

**Proposer 2 \*\***

|  |  |
| --- | --- |
| Name: |  |
| Qualification: |  |
| Post: |  |
| Institution: |  |
| Address: |  |
| E-mail: |  |
| Signature: |  |
| Date: |  |

\*\*Must be a Fellow of the Subspecialty of Paediatric Respiratory Medicine, Hong Kong College of Paediatricians

**Declaration of Candidate**

*I declare that by (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I will have completed 3-year PRM Structural training to fulfill the eligibility requirements of the Hong Kong College of Paediatricians to sit for the Exit Assessment.*

*I declare that all information given or attached is true, accurate and complete and authorize the College to verify and to communicate the above information with whatever sources the College may choose.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Signature) |  | (Date) |

**Important notes:**

1. Please submit this application form, together with electronic copies of certificates for any quotable professional qualifications, by ***16th June 2023 (Friday)*** to Secretariat Office via [stephanie.lai@paediatrician.org.hk](mailto:stephanie.lai@paediatrician.org.hk) or by post to

Dr Kate Chan – Hon Secretary, PRM Subspecialty Board

c/o Ms Stephanie Lai, Secretariat Office

Room 801, Hong Kong Academy of Medicine Jockey Club Building

99 Wong Chuk Hang Road, Aberdeen, HONG KONG

2. To confirm your application for exit assessment, you must submit a portfolio containing your **curriculum vitae\*** AND the followings by***16th June 2023* *(postmark)***.

1. **“Submission by trainees for taking EXIT”** as stated in College website or see the **Appendix I**
2. **Two dissertations**
3. A **cheque** in the amount of HK$6,000 for assessment fee made payable to “Hong Kong College of Paediatricians”

You will be informed of College’s acceptance of your application to sit for the PRM Exit Assessment around ***20th July 2023***.

\*Please include the following information in your curriculum vitae:

* Clinical posts
* Participation in professional meetings and conference

3. The candidates should **NOT** submit any materials containing patient identifiable information. The candidates should keep a full portfolio for his/her own record (for example, case records, bronchoscopy records, polysomnography and lung function reports) and for review by the trainers. The candidates may be requested to submit relevant records if clarification of training and experience is needed.

4. The candidates should submit soft copies of the documents mentioned in point 2i and 2ii, either by a link or by an USB.