

Hong Kong College of Paediatricians

Quotable Qualification Certification

Application Form

Applicant:		中文	
Institution:			
Rank / Post:			
Email:		Phone:	
Year of HKCPaed Fellowship:		Year of HKAM Fellowship:	
Subspecialty Applied:			
Date of Subspecialty Exit Assessment:			
Date of Council Endorsement:			

Declaration of the Applicant

I, the undersigned, hereby 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.

Name (Block letter) Signature of Applicant Date

Note

- 1) The personal data provided by means of this form will be used by the College and MCHK for the purpose of processing application for the quotable qualification certification in Subspecialty.
- 2) Please return the completed application form and administration fee of **HK\$2,000** (payee name “**Hong Kong College of Paediatricians**”) to:

Dr CHAN Chi Ngong Lawrence
Hon. Secretary, Committee for Subspecialty Boards
c/o Stephanie Lai, College Secretariat,
Hong Kong College of Paediatricians
Room 801, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, HONG KONG

Tel: 2871 8842
Email: enquiry@paediatrician.org.hk