Instructions to Applicant

1. All applications must be typed. Handwritten forms will not be processed.

2. All applications must be completed in full. “Not-applicable” should be inserted whenever information required cannot be provided for reasons other than omission or failure.

3. All documents required in support of the application must be submitted and the appropriate boxes ticked clearly on the first page.

4. All diplomas must be certified true copies by either a notary public or Head of Department or Chief of Service under whom the applicant currently works or applicants may personally present their diplomas to a current Council Member of HKIMM for certification.

Please be reminded to submit the following documents during the application (please check the box):

- [ ] Completed form of the application for HKIMM fellowship
- [ ] A certified true copy of the medical registration certificate
- [ ] A certified true copy of each of the higher qualification(s) in musculoskeletal medicine
- [ ] A certified true copy of the Certificate of Quality Assurance for the 3 years immediately before the application for fellowship
APPLICATION FOR HKIMM FELLOWSHIP

This form should be completed and returned to

<table>
<thead>
<tr>
<th>Honorary Secretary</th>
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<tr>
<td>HKIMM</td>
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<tr>
<td>Room 1201, 12th Floor, KOLOUR · Tsuen Wan I, 68 Chung On Street, Tsuen Wan, Hong Kong</td>
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Office use only

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<th>Accepted / Rejected</th>
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Council Meeting number:______________________________

Date: _______________________________

All items should be completed in chronological order. Enter “NA” for “Not applicable” where appropriate. Use additional sheets where appropriate.

I. PERSONAL DETAILS

Name: ____________________________________________________________

English (Block Letters, Underline Surname)  Chinese Name

Date of Birth: ____________________  Age:___________  Sex:  M / F

dd/ mm/ yyyy

Current Employment: _________________________________________________

Working Title: ____________________________________________________

Mobile/Pager No.: ____________________  Home Phone No.: _____________

Home Address: ________________________________________________________________________________

______________________________________________________________________________________________

Email Address: _______________________________________________________

Date of joining HKIMM: _____________________________________________

Date of election to Full membership of HKIMM: __________________________

Year of passing the HKIMM Fellowship Examination:

______________________________________________________________________________________________

Country of your medical practice: _______________________________________

Medical Registration Number and Date: __________________________________
**Member of the Hong Kong Institute of Musculoskeletal Medicine Ltd.**

Higher Qualification(s) in Musculoskeletal Medicine and date(s) obtained:

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Office Address: ________________________________  Office Phone No: _____________

Fax No: ________________________________

Corresponding address: ____________________________  □ Home address  □ Office address

**II. MEDICAL TRAINING**

**Undergraduate Training**

<table>
<thead>
<tr>
<th>Education</th>
<th>Institution</th>
<th>City</th>
<th>Country</th>
<th>Date Graduated</th>
<th>Degree</th>
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<tbody>
<tr>
<td>Primary Degree</td>
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<td>Medical Degree</td>
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**Postgraduate Training and Academic/Hospital Appointments**

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<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Specialty</th>
<th>Position</th>
<th>Date started</th>
<th>Date ended</th>
<th>Duration</th>
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**Medical Society Memberships**

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<tr>
<th>Society</th>
<th>Office Held (If any)</th>
<th>Dates</th>
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Publications
*Please list according to the categories listed. Supply information of published papers in Vancouver style. Do not send reprints of articles, abstracts, etc.*

| Published papers in peer reviewed journals |  |
| Textbook chapters, invited articles, and reviews |  |
| Published abstracts |  |
| Miscellaneous |  |

Participation in and/or Attendance at Musculoskeletal Scientific Meetings in past three years

<table>
<thead>
<tr>
<th>Conference/Symposium</th>
<th>Location</th>
<th>Year</th>
<th>Duration (days)</th>
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III. DECLARATION

- Has your medical license ever been suspended or terminated? □ Yes □ No
- Have you ever had your hospital privilege denied, reduced in scope or rescinded for whatever cause? □ Yes □ No
- Have you ever had disciplinary action taken against you at any time by medical societies, academic institutions or government agencies or medical councils? □ Yes □ No
- Have you ever been convicted of or guilty to a felony or other serious crimes? □ Yes □ No
- Have you actively practicing Musculoskeletal Medicine for not less than three years counting up to June this year □ Yes □ No

*Explain fully on separate page if reply is “Yes” to any of the above.*
I hereby apply for the Fellowship of HKIMM; and
I hereby certify that all information recorded on this application and the attached documents are accurate; and
I hereby agree, if necessary, to consent HKIMM to verify any of the above data; and
If elected, I agree to conform to the Constitution and Bylaws of the HKIMM and solemnly pledged to uphold the aims and objectives of HKIMM and to commit myself to a process of continuous medical education by playing an active role in HKIMM educational programmes to the best of my ability.

Authorization for Release of Information

I hereby consent to the release by any hospital, educational institution, governmental agency, physician, professional society, or other person possessing or requiring the same whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience or professional competence.

I hereby release from any liabilities any and all individuals and organizations or their authorized representatives who provide this information in good faith and without malice subject to this consent.

I hereby release from all liabilities the HKIMM and any and all individuals for their acts performed in good faith and without malice in connection with the evaluation of my application and my credentials and qualifications.

Applicant’s Signature ___________________________  Date ___________________________
IV. REFEREE’S ENDORSEMENT

(The following section must be read by the referee before signing)

1. Referees must be Fellow of HKIMM (the Hong Kong Institute of Musculoskeletal Medicine)

2. Referees must be able to comment on the applicant with regard to his/her
   (i) Professional competence, knowledge and skills;
   (ii) Personal character, including integrity; and
   (iii) Interpersonal relationship, ability to work harmoniously with colleagues, and whether he/she is responsible and conscientious, and
   (iv) To conclude on the suitability of the applicant for Fellowship.

Applications will not be processed without the above information.

As a fellow of HKIMM and referee in support of this application, I certify that I have reviewed this application and found it accurate to the best of my knowledge.

Referee’s Signature ____________________________________________________________

Name (in full) ____________________________________________________________ Date ______________

For Official Use only:

The applicant

☐ is an active Full Member of HKIMM;

☐ has been paying annual subscriptions continuously since becoming a member of the HKIMM;

☐ has passed the Fellowship examination of HKIMM;

☐ has been actively practicing Musculoskeletal Medicine for not less than three years;

☐ has documented proof of Certificate of Quality Assurance issued by HKIMM or its equivalent as determined by the Council in the 3 consecutive years prior to election to Fellowship;

☐ has solemnly pledged to uphold the aims and objectives of HKIMM and to commit himself/herself to a process of continuous medical education by playing an active role in HKIMM educational programmes to the best of his/her ability;

☐ is sponsored by a Fellow of HKIMM;

☐ is elected to Fellowship by a majority vote of the Council.