Application for HKIMM 2016 Fellowship Examination

Deadline of application: 31 March 2016 5:00 pm

I. PERSONAL DETAILS

Name:  ____________________________________________  ____________________________________________

                                 English (Block Letters, Underline Surname)                    Chinese Name

Date of Birth:  ____________________  Age:  ____________

   dd/ mm/ yyyy

Sex:   M / F

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:  __________________________________________________________________

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

_______________________________________________________________________________________

Country of your medical practice:  _________________________________________________________

Medical Registration Number and Date:  _________________________________________________________

Qualification(s) registered with your medical council:

_______________________________________________________________________________________

Office Address:  ________________________________  Office Phone Number:  _________________

Fax Number:  ________________________________

Corresponding address:  _____________________________ □ Home address  □ Office address

Remarks:  ______________________________________________________________________

Room 1201, 12th Floor, KOLOUR · Tsuen Wan I, 68 Chung On Street, Tsuen Wan, Hong Kong
Home Page: http://www.hkimm.hk     Email: Enquiry@hkimm.hk
香港荃灣眾安街 68 號荃灣千色滙一期 12 樓 1201 室
II. PROFESSIONAL QUALIFICATION AND EXPERIENCE
A) Medical Qualifications including qualifications in musculoskeletal medicine (in chronological order)

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<tr>
<th>Date</th>
<th>Degree/Diploma Obtained</th>
<th>Granting Authority</th>
<th>Country</th>
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- Structured training in Musculoskeletal Medicine (or equivalent) for not less than **three** years by 30 June 2016 is a pre-requisite for sitting the fellowship examination.

B) Musculoskeletal Medicine experience (add supplementary sheets if necessary)

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<th>Period</th>
<th>Name of Hospital/Clinic</th>
<th>Average number of musculoskeletal patients per week</th>
<th>Number of years*</th>
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- Actively practicing Musculoskeletal Medicine for not less than **three** years by 30 June 2016 is a pre-requisite for sitting the fellowship examination.
III. DECLARATION

I hereby apply for the Fellowship Examination of HKIMM; and
I hereby agree, if necessary, to appear for an interview with the Board of Examination; and
I hereby agree to abide to the regulations of the Fellowship examination; and
I hereby enclose a cheque of HK$ 22,000 payable to 'HKIMM' as payment for the examination fee; and
I understand that the fee paid is neither transferable nor refundable; and
I understand that the Fellowship Examination may not be offered every year.

Applicant’s Signature ________________________________ Date ___________________
Member of the Hong Kong Institute of Musculoskeletal Medicine Ltd.

FOR OFFICE USE ONLY

Candidate No

Checked and Approved by Hon. Secretary Date

Fee Received and Confirmed by Hon. Treasurer Date

Checked and Approved by Board of Examination Date

RECOMMENDATIONS (Delete as appropriate)

Board of Examination
Recommended for Certification of Passing the Fellowship Examination

Date____________________________________
Signature__________________________________

Council

Nomination for Fellowship of HKIMM: Accepted / Deferred / Not Elected

Minutes of _____________________ Council Meeting

Date____________________________________
Signature__________________________________

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