

Instructions to Applicant

1. Forms to be filled legibly in BLOCK LETTERS and in BLACK or BLUE INK only. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be counter-signed by the applicants.
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 applicants themselves. Applicants may be requested to present their original diplomas to HKIMM for verification.

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 Honorary Secretary HKIMM Room 1201, 12/F., KOLOUR · Tsuen Wan I, 68 Chung On Street, Tsuen Wan, Hong Kong	Office use only
	Accepted / Rejected 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: _____

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

Office Address: _____ **Office Phone No:** _____

 _____ **Fax No:** _____

Corresponding address: _____ Home address Office address

II. MEDICAL TRAINING
Undergraduate Training

Education	Institution	City	Country	Date Graduated	Degree
Primary Degree					
Medical Degree					

Postgraduate Training and Academic/Hospital Appointments

Institution	Location	Specialty	Position	Date started	Date ended	Duration

Medical Society Memberships

Society	Office Held (If any)	Dates

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

Conference/Symposium	Location	Year	Duration (days)

III. DECLARATION

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Have you ever had your hospital privilege denied, reduced in scope or rescinded for whatever cause?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