

Application for HKIMM 2018 Fellowship Examination

Deadline of application: 16 March 2018 5:00 pm

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: _____

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: _____

II. PROFESSIONAL QUALIFICATION AND EXPERIENCE

A) Medical Qualifications including qualifications in musculoskeletal medicine (in chronological order)

Date	Degree/Diploma Obtained	Granting Authority	Country

- Structured training in Musculoskeletal Medicine (or equivalent) for not less than **three** years by 30 June 2018 is a pre-requisite for sitting the fellowship examination.

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

Period		Name of Hospital/Clinic	Average number of musculoskeletal patients per week	Number of years*
From	To			
Total:				

- Actively practicing Musculoskeletal Medicine for not less than **three** years by 30 June 2018 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\$ 25,000** 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 _____

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

- Completed Application Form
- A copy of the **medical registration certificate**
- A copy of the **higher qualification(s) in musculoskeletal medicine**
- Cheque of **HK\$ 25,000** payable to '**HKIMM**'
- Practice logbook of the month before the application (and if this fall into an on-leave period, the month before the leave) as proof of seeing not less than thirty musculoskeletal patients per week.
- HKIMM fellowship application (if you wish to be elected HKIMM fellow after passing the examination)

