



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

香 港 骨 科 醫 學 院

**REHABILITATION IN
ORTHOPAEDIC SURGERY**

APPLICATION FORM for EXIT ASSESSMENT

Last name of candidate _____
(in BLOCK LETTERS)

Other names in full _____
(in BLOCK LETTERS)

HKID No. _____ Sex _____
(enter the alphabet and the first 4 digits only)

Date of full registration with the
Medical Council of Hong Kong (if applicable) _____ (dd/mm/yy)

MCHK Registration No. _____

Admission date as Fellowship of the HKCOS _____

Full postal address _____
(for assessment notice) _____

Telephone no. _____ Mobile/Pager no. _____

E-mail address _____

I wish to apply for the Exit Assessment in Orthopaedic Rehabilitation commencing on

Signature _____ Date _____

PLEASE NOTE: APPLICATION FORMS / DOCUMENTS / CERTIFICATES BY FAX WILL NOT BE ACCEPTED.

RECORD OF TRAINING

1. Minimum of twelve months' training in an approved post in Basic Orthopaedic Rehabilitation :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

2. Minimum of twelve months' hands on training in Advanced (Post-fellowship) Orthopaedic Rehabilitation (including Spinal Cord and Amputees) :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

3. Attendance in Seminars and Workshops organized by the HKCOS:

Date	Topic	Training Points

REQUIREMENTS

Dissertation on a Chosen Project with Direct Supervision from an Orthopaedic Rehabilitation Subspecialty Trainer
(provide photocopy)

Title of dissertation

Supervision of dissertation

Name of author(s)

CHECK LIST OF ASSESSMENT REQUIREMENTS

To be completed by the Orthopaedic Rehabilitation Subspecialty Trainer of the trainee.

I confirm that _____ is a rehabilitation trainee of my department. His relevant training requirements are listed below: (Please tick [])

- | | Yes | No |
|--|------------------------------|------------------------------|
| 1. He/She is currently a registered medical practitioner of the Medical Council of Hong Kong. | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| 2. He/She has successfully completed 2 years of Orthopaedic Rehabilitation Subspecialty Training of which at least one year must be taken after obtaining the Fellowship of the HKCOS. | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| 3. He/She has acquired satisfactory attendance in seminars and workshops organized by the HKCOS. | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| 4. He/She has undertaken one dissertation on a chosen project with direct supervision from an Orthopaedic Rehabilitation Subspecialty Trainer. | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| 5. He/She has acquired the necessary number of Training Points required by the HKCOS. | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| 6. Remarks (mandatory if any of the above is “No”) | | |
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I would like to recommend him/her to sit for the coming Exit Assessment in Orthopaedic Rehabilitation organised by The Hong Kong College of Orthopaedic Surgeons.

Name of Orthopaedic
Rehabilitation Subspecialty Trainer

Signature of Orthopaedic
Rehabilitation Subspecialty Trainer

Date