

THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

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APPLICATION INSTRUCTIONS FOR SELECTION INTERVIEW FOR ADMISSION TO HIGHER ORTHOPAEDIC TRAINING (JULY 2015)

- 1) Please fill in all the information required in the application form.
- 2) Certified true copies of your qualification(s) must be provided.
- 3) The appointment by a hospital <u>must be certified</u> by a responsible person before the respective working or training period could be recognized and registered.
- 4) Please also enclose the certified true copies of (i) Annual Practicing Certificate; (ii) Hong Kong Identity Card.
- 5) Please also attach a cheque of **HK\$1,000**, payable to "**The Hong Kong College of Orthopaedic Surgeons**", as the application fee.
- 6) The information you submitted will be assessed for your eligibility for higher orthopaedic training. If you are eligible, you will be invited to a Selection Interview at a specified date.
- 7) The Selection Interview is an integral part of the application process. Failure to attend the interview will automatically remove your application.
- 8) The Hong Kong College of Orthopaedic Surgeons cannot guarantee that a training position must be granted to any applicant and cannot guarantee to offer any particular number of training positions each year.

The Hong Kong College of Orthopaedic Surgeons will not be able to process any application without complete information and the required documents. Only registered higher trainees will be eligible to sit for the Specialty Fellowship Examination in Orthopaedics and Traumatology after completing the required training.

FOR ANY ENQUIRY, PLEASE CONTACT THE SECRETARIAT ON TEL: 2871 8722 OR FAX: 2873 4077.

APPLICATION SHOULD BE SENT TO:

The Secretariat
The Hong Kong College of Orthopaedic Surgeons
Room 905, 9th Floor
Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS















APPLICATION FORM FOR SELECTION INTERVIEW FOR ADMISSION TO HIGHER ORTHOPAEDIC TRAINING (JULY 2015)

Name :	/E !! \\							
	(Family Name, Given Names)			(In Chinese))			
Sex :		Date	e of Birth	:	(dd/mm/yy)			
HKID No. :		MCI	HK No.	:				
Correspondence Addre	_							
Contact No.:	Pager I	Pager No. :			Mobile :			
E-mail Address :			Fax No. :					
For the following iten separate sheet for inf	formation relevant to			or certified true copies.	Please use			
Qualification			tution	Country	Year			
Registration with the Registr		long Kor		ate Number	Year			
	Intercollegiate Board	d of Surg	ical Colleg	es (ICBSC) (if applicable) Date of completion (if ap				
		of Ortho	paedic Sur	geons (HKCOS) (if applic				
Date of entrance			Date of completion (if applicable)					
Intermediate qualifica	ation(s) (put down the	date of a	III the exami	nations including those fa	uil attempts)			
Qualification	Institution		Country	Month/Year (or date of examination)	Pass (P) or Fail (F)			
Mandatory Courses for Mandat	or Basic Surgical Tra	ainee		Month/Year				
Basic Surgical Skills C	<u> </u>							
Clinical Core Compete								
<u> </u>								

Qualification	Institution		Countr	У		Month/	
					(or dai	te or ex	(amination)
revious Clinical Work & 1 n chronological order. Tran tated. See Appendix)		nust be a	ttached. The	e status o	of accred	ditation	must be
Duration (month/year)	Institute/Hospital S		pecialty		Supervisor/ Training Director		Accredite or not
ther community / volunta							
Duration (month/year)	Company / institution		Position			Supervisor / manager	
isting of your choice of T Please supply the appropria	ite assessment reports)	d trainir	Specialty	ssment	1	Cupar	ndoor
Duration (month/year)	institute / nospital		Specially			Super	VISOI
ummary of Training Poin	ts (HKCOS) and/or CME	noints o	htained in :	a 2-vear	neriod	(if annl	icable)
Duration (month/year)	Specialty		Training Points (HKCOS)			CME Points	

Listing of Publications/ Conference presentations

(Provide photocopy of front-page of paper or abstract. Papers accepted for publication may be listed but the letter of acceptance should be provided)

' '		
Title and authors	Journal / Conference	Date
Paper or Project in Progress (if applicable) Title		Authors
DECLARE THAT I AM A REGISTERED MED STANDING AND ORDINARILY RESIDE IN HONG CORRECT TO THE BEST OF MY KNOWLEDGE A	G KONG, AND ALL THE ABOVE	
Signature :	Date :	
FOR OFFICI	E USE ONLY	
- Coloction Interview on		
Selection Interview on		
Recommendation by Selection Board ☐ Recommendation	ommended	ed
	Signature of Selection B	oard Chairman
Discussed in Education Committee Meeting on		
 Discussed in Education Committee Meeting on Application successful ☐ Yes ☐ No 		
REMARKS:		
	Ciamations of Callege Co.	poor HVCCC
	Signature of College Ce	IISUI, TKUUS

APPENDIX: Certification of Work & Training Experience

This is to certify that Drhas worked in the hospital / department for the duration and in the specialty(s) as shown below.					
Period (Month/year) :		Period (Month/year) :			
Hospital:		Hospital:			
Department :		Department :			
Signature :		Signature :			
(Official Chop)	Date :	(Official Chop)	Date :		
Period (Month/year) :		Period (Month/year) :			
Hospital:		Hospital:			
Department :		Department :			
Signature :		Signature :			
(Official Chop)	Date :	(Official Chop)	Date :		
Period (Month/year) :		Period (Month/year) :			
Hospital:		Hospital:			
Department :		Department :			
Signature :		Signature :			
(Official Chop)	Date :	(Official Chop)	Date :		

N.B. Must be signed by the Training Director / Program Director or Personnel Department of hospital.