THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS
香 港 骨 科 醫 學 院

APPLICATION INSTRUCTIONS FOR SELECTION INTERVIEW FOR ADMISSION TO HIGHER ORTHOPAEDIC TRAINING (JANUARY 2018)

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 ***must be certified*** 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$2,000**, 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
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APPLICATION FORM FOR SELECTION INTERVIEW FOR ADMISSION TO HIGHER ORTHOPAEDIC TRAINING (JANUARY 2018)

Name : _____ _____
(Family Name, Given Names) (In Chinese)

Sex : _____ Date of Birth : _____ (dd/mm/yy)

HKID No. : _____ MCHK No. : _____

Correspondence Address : _____

_____

Contact No.: _____ Pager No. : _____ Mobile : _____

E-mail Address : _____ Fax No. : _____

For the following items, please provide relevant documents or certified true copies. Please use separate sheet for information relevant to this applications.

Basic Medical Degree(s)

Qualification	University / Institution	Country	Year

Registration with the Medical Council of Hong Kong / Licentiate

Registration	Number	Year

Registration with the Intercollegiate Board of Surgical Colleges (ICBSC) (if applicable)

Date of entrance	Date of completion (if applicable)

Registration with the Hong Kong College of Orthopaedic Surgeons (HKCOS) (if applicable)

Date of entrance	Date of completion (if applicable)

Intermediate qualification(s) (put down the date of all the examinations including those fail attempts)

Qualification	Institution	Country	Month/Year (or date of examination)	Pass (P) or Fail (F)

Mandatory Courses for Basic Surgical Trainee

Mandatory Course	Month/Year
Basic Surgical Skills Course (BSSC)	
Clinical Core Competency Course	

Additional academic degree or qualification (if applicable)

Qualification	Institution	Country	Month/Year (or date of examination)

Previous Clinical Work & Training Experience

(In chronological order. Transcript or reference letter must be attached. The status of accreditation must be stated. See Appendix)

Duration (month/year)	Institute/Hospital	Specialty	Supervisor/ Training Director	Accredited or not

Other community / voluntary / non-medical working experience (if applicable)

Duration (month/year)	Company / institution	Position	Supervisor / manager

Listing of your choice of THREE 6-month accredited training for assessment

(Please supply the appropriate assessment reports)

Duration (month/year)	Institute / Hospital	Specialty	Supervisor

Summary of Training Points (HKCOS) and/or CME points obtained in a 2-year period (if applicable)

Duration (month/year)	Specialty	Training Points (HKCOS)	CME Points
	TOTAL :		

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

I DECLARE THAT I AM A REGISTERED MEDICAL PRACTITIONER OF HONG KONG IN GOOD STANDING AND ORDINARILY RESIDE IN HONG KONG, AND ALL THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature : _____ Date : _____

FOR OFFICE USE ONLY

- Selection Interview on _____
- Recommendation by Selection Board ☐ Recommended ☐ Not Recommended

_____
Signature of Selection Board Chairman

- Discussed in Education Committee Meeting on _____
- Application successful ☐ Yes ☐ No

REMARKS :

_____
Signature of College Censor, HKCOS

APPENDIX : Certification of Work & Training Experience

This is to certify that Dr. _____

has worked in the hospital / department for the duration and in the specialty(s) as shown below.

Period (Month/year) : Hospital : Department : Signature : (Official Chop) Date :	Period (Month/year) : Hospital : Department : Signature : (Official Chop) Date :
Period (Month/year) : Hospital : Department : Signature : (Official Chop) Date :	Period (Month/year) : Hospital : Department : Signature : (Official Chop) Date :
Period (Month/year) : Hospital : Department : Signature : (Official Chop) Date :	Period (Month/year) : Hospital : Department : Signature : (Official Chop) Date :

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