

Name of Nominee	
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## HONG KONG ACADEMY OF MEDICINE

### NOMINATION FOR FELLOWSHIP

Name of College

\_\_\_\_\_

Specialty

\_\_\_\_\_

#### For Office Use Only

Name: \_\_\_\_\_ ( )

Fellowship No.: \_\_\_\_\_ (App. No. \_\_\_\_\_)

Formal approval given on: \_\_\_\_\_ at C.M.

Registration effective from: \_\_\_\_\_

Name of Nominee

**IMPORTANT:**

- Please read the Notes carefully before completing this Form.
- Please complete all sections in BLOCK LETTERS and in BLACK.

## Section 1 – Personal Particulars (see Note 1)

Surname			
Forename			
Name in Chinese (if any)		Do you wish to have your Chinese name printed on your diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (dd/mm/yyyy)	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
HKID Card no.			
Passport no. (if not holding a HKID Card)	(Expiry Date: _____)		
MCHK/DCHK no.		SR no. (if any)	
Name for Fellowship Diploma (please underline surname)			

Have you previously registered as a Fellow of the Academy?  No  Yes

## Section 2 – Contact Details (see Note 2)

Home address	_____		
	_____		
	_____		
	_____		
	<input type="checkbox"/> Hong Kong	<input type="checkbox"/> Kowloon/New Territories	<input type="checkbox"/> Overseas
Office address	_____		
	_____		
	_____		
	_____		
	<input type="checkbox"/> Hong Kong	<input type="checkbox"/> Kowloon/New Territories	<input type="checkbox"/> Overseas
Correspondence address (please tick one)	<input type="checkbox"/> Home		<input type="checkbox"/> Office
Contact tel. no.	(       )		
Contact fax no.	(       )		
Mobile phone no.		Pager	
Email address			
Would you like your email address be shown in the Fellow's Area of the Academy Website (a secured area) once you are admitted a Fellow of the Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Nominee

**Section 3 – Medical/Dental Qualifications** (see Note 3)

Qualifications (by Exam)	Awarding Institutions	Date A (dd/mm/yy)	Date B (dd/mm/yy)
Basic -			
Intermediate -			
Exit -			
Others -			
College Admission Date (dd/mm/yyyy)		College Member ID	

**Section 4 – Professional Training and Appointments** (in chronological order, including current appointment)

Hospitals/Institutions	Departments	Positions	From/To (dd/mm/yyyy)	F/P*	Duration Accredited for Training	
					Basic	Higher

\*Use separate sheets if space provided is not enough. Please use "F" or "P" to indicate full-time or part-time.

**Section 5 – Current Practice**

Category (Please tick one)	<input type="checkbox"/> Private <input type="checkbox"/> Hospital Authority <input type="checkbox"/> Department of Health <input type="checkbox"/> Retired <input type="checkbox"/> University (CUHK / HKU) <input type="checkbox"/> Others (please specify) _____		
Position held		Held since	____/____/____ dd mm yyyy
Name of organisation			

Name of Nominee

**Section 6 – NOMINEE’S DECLARATION**

- 1) I confirm that I *\*have/have not* been convicted of an offence punishable by imprisonment (in Hong Kong or outside Hong Kong).
- 2) I confirm that I *\*have/have not* been found guilty of professional misconduct by the Medical Council of Hong Kong, Dental Council of Hong Kong or similar regulatory organisations elsewhere.

\_\_\_\_\_  
Nominee’s Signature\_\_\_\_\_  
Date

*\* Delete as appropriate. If there is any such conviction, details must be enclosed with this form.*

**Section 7 – COLLEGE’S AUTHENTICATION**

I confirm that the nominee is a full member of our College and the information provided in this form is accurate and complete, and that all the requirements for admission of a Fellow of the HKAM have been satisfied.

\_\_\_\_\_  
Authorised signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Position at College**IMPORTANT**

All information provided in this form will be used for purposes relating to the administration of the Hong Kong Academy of Medicine Ordinance and its By-laws including membership registration. Data collected in this form will be recorded in the Academy’s membership database should the nominee successfully become an Academy Fellow. In addition, the Academy may use the collected data for statistical research and analysis, and for keeping members informed of its services. The Academy may transfer the information to its Colleges, the Medical Council of Hong Kong and Dental Council of Hong Kong for the purpose of vetting subscriptions / CME status and certification for Specialist Registration. Data held by the Academy will be kept confidential and safeguarded carefully.

All personal data will be destroyed in 6 months if the nomination is unsuccessful.

**For Office Use Only**

Data entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

## NOTES

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING FORM R-1

### Note 1 – NAME

The nominee's name to be registered with the Hong Kong Academy of Medicine ("HKAM") must be the same as that appears in the nominee's identity document such as Hong Kong identity card/passport. Additional documentary evidence such as statutory declaration/deed poll/marriage certificate will be required if a different name is to be used in the HKAM's register.

### NOTE 2 – ADDRESS

2.1 The nominee is required to provide his/her current home address and office address, if any, for registration purpose.

2.2 The nominee must choose one of the addresses, if both home and office addresses are provided, as the correspondence address to which all communications from the HKAM will be sent.

### NOTE 3 – MEDICAL/DENTAL QUALIFICATIONS

3.1 Please put down relevant qualifications/examinations (both intermediate and exit) recognised by the HKAM based on which admission is recommended.

3.2 'Date A' refers to the date when the examination/assessment result was promulgated. 'Date B' refers to the date when the degree/qualification was conferred.

### NOTE 4 – PROCESSING OF NOMINATION

4.1 The HKAM Membership Committee will examine a nomination made on this Form and submit its recommendations to the HKAM Council for approval. Please refer to the Guidance Notes on Admission of Fellows for details.

4.2 The nomination should be submitted to the Academy via College within one month from the date of declaration made by the nominee in the form. Failure to provide full information and evidence may cause delay in the processing of a nomination.

4.3 HKAM reserves the right to verify where necessary the information furnished by the nominee with the referee(s)/employer(s)/parent institute(s)/any third parties concerned.

### NOTE 5 – CHANGE OF PARTICULARS

Any change in personal particulars, contact details or employment after the submission of the nomination should be notified to the HKAM in writing. Notification sent via email is not accepted for the purpose. All correspondence sent to the correspondence address last provided by the nominee will be deemed to have been received by the nominee, and it is the responsibility of the nominee to update the HKAM of his/her correspondence address whenever it is changed.

### NOTE 6 – SUPPORTING DOCUMENTS

6.1 Documents submitted, if they are photocopies, must be certified by the College, a Fellow of the HKAM (with his/her full name and fellowship number), a public notary, or a solicitor.

6.2 Nominations must be supported by a full set of documents, including the followings:

1. Copy of HKID Card/Passport\*
2. Proof of Basic Medical/Dental Qualification
3. Proof of Recognised Intermediate Examination(s)/Overseas Qualification(s)
4. Proof of Passing College's Exit Examination/Assessment

*\*The nominee can present the original of his/her HKID Card in person to the Academy for verification instead of submitting a copy. Copy of HKID card, if submitted, will be destroyed within 6 months.*

### NOTE 7 – ENQUIRIES

For enquiries in relation to the nomination, please contact the HKAM Secretariat via email at: hkam@hkam.org.hk; telephone: 2871 8888 or fax: 2505 5577 / 2505 3149.

## HKAM FELLOWSHIP NOMINATION CHECKLIST FOR NOMINEES

Please note that nominations not authenticated by the required supporting documents will delay the processing procedures. Before submitting the Form R-1, you are reminded to ensure that all documents are in order. The following checklist is to assist you in preparing the supporting documents. Please complete and return it with your Form R-1

Please indicate the documents you have attached to your completed Form R-1 by putting a "✓" in the appropriate boxes below:

- A crossed cheque or bank draft for the appropriate entrance and subscription fees payable to the "Hong Kong Academy of Medicine" (Post-dated cheque is not acceptable).
- A copy of your HKID Card/Passport
- Proof of Basic Medical/Dental Qualification
- Proof of Recognised Intermediate Examination(s)/Overseas Qualification(s)
- Proof of Passing College's Exit Examination/Assessment
- Other relevant supporting documents:

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Total number of pages  
of supporting documents: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

