



THE COLLEGE OF SURGEONS OF HONG KONG

Room 601, 6/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2871 8799 Fax: (852) 2515 3198 E-mail: info@cshk.org

APPLICATION FORM FOR ORDINARY MEMBERSHIP

IMPORTANT NOTES TO APPLICANTS:

Applicants must read the “**Eligibility for Ordinary Membership**” before completing this application form.

1. This application form should be typed or written in block letters. Please use separate sheets for details or explanations if necessary. The College will not process any incomplete application.
2. Applicants are requested to attach the following required documents to support information given in the application. These copies are not returnable and will be verified in due course.

Certified True Copy of:

- ☞ **University Certificate**
- ☞ **Medical Registration Ordinance - Annual Practising Certificate**
- ☞ **MHKICBSC Examination - Part 3 Result Slip**
- ☞ **Basic Surgical Skills Course(Certificate of Attendance)**
- ☞ **Clinical Core Competency Course(Certificate of Attendance) - applicable only to trainees admitted from 1 July 2010 onwards**
- ☞ **Other relevant examinations/qualifications(if any)**

Original Copy of Letter of choosing the MCSHK only

A crossed cheque of HKD 3,500(Entrance fee HKD 2,000 & Annual Subscription Fee HKD 1,500) should be made payable to “The College of Surgeons of Hong Kong **Limited**”. The cheque will be returned to the applicant by post if the application is unsuccessful.

** For applicants who apply for the Ordinary Membership of The College of Surgeons of Hong Kong beyond the year he/she was eligible to be conferred, he/she is required to pay for the Entrance Fee HKD 2,000 and the previous Annual Subscription Fees for retrospective application.

3. All information given in this form will be treated **STRICTLY CONFIDENTIAL**.
4. The proposers must be paid-up fellows of The College of Surgeons of Hong Kong.
5. Application should be sent to:
The College Secretariat (MCSHK Application)
The College of Surgeons of Hong Kong
Rm 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
6. For general enquiry, please contact the College Secretariat:
Tel: (852) 2871 8799 Fax: (852) 2515 3198 Email: info@cshk.org

For Office Use

Applicant Name

Approved by E&EC on

Signature

Approved by Council on

Signature

SPECIALTY: _____	
I PERSONAL PARTICULARS	
Surname:	Given Name (in full):
Name in Chinese (if applicable):	Date of Birth(dd/mm/yy):
Hong Kong I.D. Card No/ Passport No:	Sex: Female / Male (Please delete as appropriate)
*Correspondence Address:	Telephone Number
	Office:
	Res.:
Permanent Address:	Mobile:
	Pager:
	Fax:
*Email Address:	
* Remarks: Trainees are required to keep the College informed of the most updated Email Address and Correspondence Address. The College will not take any responsibility of the consequence if any message delivering to the above email address or correspondence address cannot reach them in the future.	
II CURRENT APPOINTMENT	
<input type="checkbox"/> HOSPITAL AUTHORITY (Please specify _____)	
<input type="checkbox"/> UNIVERSITY (HKU / CUHK - Please delete as appropriate)	
<input type="checkbox"/> PRIVATE - Date of commencement of practice _____(Month/ Year)	
III BASIC MEDICAL QUALIFICATION (e.g. MBBS, etc.)	Date Obtained (Month / Year)
IV PROFESSIONAL QUALIFICATIONS (in chronological order) (e.g. Basic Surgical Skills Course, Clinical Core Competency Course, etc.)	
Name of Professional Qualifications	Date Obtained (Month / Year)
Important Notes: Basic Surgical Trainees admitted from 1 July 2010 onwards are required to complete the Clinical Core Competency Course before applying for the Ordinary Membership of The College of Surgeons of Hong Kong.	

SUPPORT FOR APPLICATION

I have known the applicant for two years and the information submitted by the applicant is to the best of my knowledge, truthful and correct.

_____ (Name of Proposer) _____ (Signature)
(BLOCK LETTERS)

_____ (Name of Proposer) _____ (Signature)
(BLOCK LETTERS)

Remarks: The proposers must be **paid-up Fellows** of The College of Surgeons of Hong Kong.

DECLARATION

I hereby declare that I agree to provide the above information to The College of Surgeons of Hong Kong for administrative purposes and the information provided in support of this application is accurate and complete.

I understand that it is my responsibility to inform the College for any change of personal particulars, e.g. Correspondence Address, Place of work, Email Address, etc. The College will not be responsible for any issues arise as a result of failure to inform the College.

_____ (Signature of Applicant) _____ (Date)

AUTHORIZATION - Release of information & result

I authorize The College of Surgeons of Hong Kong to release the information & result relating to training, performance and examination results to my Training Supervisor(s) of respective hospital(s) and accrediting committee of the College for assessment.

_____ (Signature of Applicant) _____ (Date)

I enclose a cheque (No. _____) for HK\$ _____ made payable to “The College of Surgeons of Hong Kong **LIMITED**”. I understand that if my application is unsuccessful, the cheque will be returned to me by post.

Fees

Entrance Fee HKD 2,000 and Annual Subscription Fee HKD 1,500.

_____ (Signature of Applicant) _____ (Date)

Please send application to:

The College Secretariat (MCSHK Application)

The College of Surgeons of Hong Kong
Rm 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang, Aberdeen, Hong Kong

THE COLLEGE OF SURGEONS OF HONG KONG

CHECKLIST FOR APPLICATION FORM FOR ORDINARY MEMBERSHIP

Please ensure the followings are enclosed with the Application Form for Ordinary Membership of the College:

Certified True Copy of:

- University Certificate**
- Medical Registration Ordinance – Annual Practising Certificate**
- Membership of the Hong Kong Intercollegiate Board of Surgical Colleges(MHKICBSC) Examination - Part 3 Result Slip**
- Basic Surgical Skills Course (Certificate of Attendance)**
- Clinical Core Competency Course (Certificate of Attendance) – applicable only to trainees admitted from 1 July 2010 onwards**
- Other relevant examinations / qualifications(if any)

Original Copy of

- Letter of choosing the Ordinary Membership of the College of Surgeons of Hong Kong(MCSHK) ONLY - letter was distributed to you after passing MHKICBSC Part 3 Examination**

 - A crossed cheque of HKD 3,500**(Entrance fee HKD 2,000 & Annual Subscription Fee HKD 1,500) should be made payable to “The College of Surgeons of Hong Kong **Limited**”
- **For applicants who apply for the Ordinary Membership of The College of Surgeons of Hong Kong beyond the year he/she was eligible to be conferred, he/she is required to pay for the Entrance Fee HKD 2,000 and the previous Annual Subscription Fees for retrospective application.
- Signatures by **2 paid-up Fellows** (Those paid annual subscription fee for the same calendar year)

IMPORTANT NOTES:

Applicants are only allowed for election as a member of **ONE** of the Surgical Colleges upon completion of basic surgical training in stipulated timeframe.