

# The College of Surgeons of Hong Kong

## Application Form for Transition Fellows/Transition Candidates of the Specialty of Vascular Surgery

(Please download this form from the College website [www.cshk.org](http://www.cshk.org), complete in word format, then print out and sign before returning to College Secretariat.)

*Important Note:*

**All applicants will have to pass an assessment by the College. The assessment shall be based the submitted logbook and other criteria comparable to that required for Fellowship in the new specialty obtained via the approved formal training programme. The assessment will be conducted by an assessment panel of the College.**

Name: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Gender: M/F

Current practice address: \_\_\_\_\_

Correspondence address: same as the above

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Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Basic medical degree (year): \_\_\_\_\_

Year / month of Fellowship of CSHK: \_\_\_\_\_

Year / month of Fellowship of HKAM: \_\_\_\_\_

Other medical qualifications: \_\_\_\_\_

**1. Logbook requirements**

Please list the clinical experience including diagnosis, date and name of operations in your logbook.

**2. CV**

Please submit a CV with the following information:

- Personal particulars
- Duration of good independent practice
- Duration of supervised training in the Specialty of General Surgery/Vascular Surgery
- Specialty conferences /courses / meetings attended
- Research & Publications
- Teaching activities

**3. Participation in Vascular Surgery professional bodies**  
*(append table as needed)*

Date ( <i>from - to</i> )	Name of professional body	Post held

**4. Referees**

Please suggest two referees with contacts in the specialty for reference.

Name of Referee 1: \_\_\_\_\_ Position: \_\_\_\_\_

Contact address: \_\_\_\_\_

email : \_\_\_\_\_ tel: \_\_\_\_\_

Name of Referee 2: \_\_\_\_\_ Position: \_\_\_\_\_

Contact address: \_\_\_\_\_

e-mail: \_\_\_\_\_ tel: \_\_\_\_\_

Declaration:

I hereby declare that all the information submitted with this application is true and complete. Submission of any false information may result in withdrawal of any Specialist qualification, even if granted by the College of Surgeons of Hong Kong.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit your signed application form together with your CV and logbook by email ([shawnyip@cskhk.org](mailto:shawnyip@cskhk.org)) or by hand/mail to the College of Surgeons of Hong Kong, Room 601, Hong Kong Academy of Medicine JC Building, Wong Chuk Hang Road, Hong Kong, on or 7 February 2022.

(Note: Please note that you may be requested to provide further proof of your specialty experience if necessary and you will need to attend an interview (logbook assessment) for admission as First Fellow.)