



Hong Kong College of Emergency Medicine (HKCEM) Clinical Toxicology Fellowship Examination Application Form

Please kindly complete by using the word file (recommend) / in block letters & black ball pen.

The candidate should be a current HKCEM Fellow and has completed 2 years of accredited clinical toxicology training and on compliance with the training requirements. The candidate must obtain the Diploma in Clinical Toxicology, Hong Kong Poison Information Centre and Hong Kong College of Emergency Medicine.

Personal Information:

Surname		Forename	
Chinese Name (if applicable)			
Sex #	Male / Female	Date of Birth (day/month/year)	
HKMC Registration No.		Specialist Registration No. (If any)	

Please delete where inappropriate.

Present Appointment:

Rank		Department	
Hospital		Effect Date (day/month/year)	

*Please enclose certified true copy of document.

Contact Information:

Priority (1, 2...)	* At least one number must be provided.	Priority (1, 2...)	* At least one address must be provided.
3	Office*	1	Office Address*
2	Home*		
1	Mobile*	2	Home Address*
	Pager*		
Fax (if applicable)			Other Address* (if applicable)
Email Address (Essential item)			

Relevant Degrees and Qualifications:

Please enclose certified true copy of documents.

Qualifications	Awarding Institutes	Date conferred (day/month/year)	Remark



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Are you a current Fellow of HKCEM? (Yes / No)	
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Training Profile Relevant to Clinical Toxicology Fellowship Examination:

Please complete in chronological order of your recognized training till the current post (and up to the examination date according to your training schedule as necessary).

Starting Date (day/month/year)	Ending Date (day/month/year)	Hospital	Department	Rank	Certification letter (appendices)
					A
					B
					C
					D
					E
					F
					G
					H
					I
					J
					K
					L
					M
					N
					O
					P
					Q
					R
					S
					T

*Applicant should cross check the above entry with the training record (in excel format) kept by training supervisor.



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For 1st attempt applicants, please enclose **certified true copy of all documents**.

- Training Certification may be signed by the relevant consultant, department head or hospital administration. Please refer to the [Sample](#) for the format of the certification letter.
- For photocopies of certificates, documents or letters, they must be certified by the respective Consultant or Authorized Hospital Officer.
- Please refer to the [Training Programme in Clinical Toxicology Subspecialty](#) and advice may be obtained from the College Training Supervisors.

For re-attempt applicants, please enclose **a copy of the last Examination Results, updated training certification letter and Annual Practising Certificate. Certified True Copies of other Certificates are waived.**

Exam. No. of the last Examination (if applicable)		Date of the last Examination (day/month/year)	
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Payment

Full Examination Fee: **HK\$10,000**

Examination Date: (MCQ) 26 Sep 2023
(VIVA) 26 Oct 2023

The **cheque** is payable to "**Hong Kong College of Emergency Medicine**".

Forward the payment receipt form **Pay dollar** to college by E-mail (sonia@hkcem.org.hk) Receipt will be issued with the Admission Note.

Cheque Number / Pay Dollar Merchant Reference No.	
Bank	

Please delete where inappropriate.

Signature of Applicant

Signature of Training Supervisor or Deputy

Name of Applicant

Name of Training Supervisor or Deputy

Date of Application

Date of Endorsement

Please send,

- (1) **Completed application form with Signatures**
- (2) **Certified true copy of all documents**
- (3) **Training Logbook**
- (4) **Research Project**
- (5) **PayDollar or Cheque on or before the Deadline 30 August 2023 by hand / mail to**
Hong Kong College of Emergency Medicine, Room 809, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Remark: for applicant who has not yet obtained the College issued research requirement fulfillment letter. Hard copy of the published paper, or manuscript plus the journal acceptance letter should be enclosed for EC vetting. Soft copy should also be sent to HKCEM by email.

For Enquiry: 2871-8874



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For use by Board of Clinical Toxicology of HKCEM:

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|--|------------------------------|-----------------------------|----------------------------------|
| 1. Completion of Certification of Training | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 2. Completion of Diploma in Clinical Toxicology | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 3. Completion of Research Project | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 4. Enclosure of payment cheque / bank remittance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 5. All required documents submitted | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 6. Remarks: _____ | | | |
| 7. Accepted for Examination | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |

Signed by

Signature: _____

Name: _____

Date: _____

Checked by

Signature: _____

Name: _____

Date: _____