



The College of Ophthalmologists of Hong Kong

Room 802, 8/F., HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2761 9128 Fax: (852) 2715 0089 e-mail: cohk@netivigator.com

香港眼科醫學院

Ophthalmology Trainee Registration Application Form

Name:		
Surname	Given Name(s)	Chinese
Date of Birth:	Gender: M / F	
HKID / Passport No.	Nationality:	
Home Address:		
Telephone:	Fax:	
Office Address:		
Current position:		
Telephone:	Fax:	
Pager:	Mobile:	e-mail:

Academic and Professional Qualifications

Please list in chronological order and submit certified true copies of the diplomas and certificates with your application.

Medical School	Medical Degree(s)	Awarding Date (mm/yy)
Qualifications	Please specify date(s) of passing examination(s) or date(s) of award of qualification(s)	Dates (mm/yy)

Higher Training applicants who passed an intermediate examination NOT in Hong Kong are required to submit certified true copies of proof of passing the intermediate examination.

Hong Kong Medical Council Registration No.:

Certification of Training Experience

Please list the training experience in chronological order. Use additional sheet(s) if required.

Each post should be certified by the Chief of Service or a consultant of the training unit.

Please produce signed documentation of the posts you have held in case you are unable to have the certification signed.

Current Training Post

Hospital / Institution		
Title of Post		
Training Period (dd/mm/yy)	From	To
Signature		Hospital Stamp
Name		
Position		
Hospital / Institution		
Date		

Previous Training Posts

Hospital / Institution		
Title of Post		
Training Period (dd/mm/yy)	From	To
Signature		Hospital Stamp
Name		
Position		
Hospital / Institution		
Date		

Hospital / Institution		
Title of Post		
Training Period (dd/mm/yy)	From	To
Signature		Hospital Stamp
Name		
Position		
Hospital / Institution		
Date		

Certification of Training Requirements to be completed by the Chief of Service or a consultant of the department providing training.

This is to certify that

1. Dr _____ (name of applicant) has applied to be admitted to Basic / Higher* Ophthalmology Training in my department.
2. The recruitment process for trainee admission has been conducted in a fair and open manner and complied with the human resource policy of my hospital/institution.
3. The trainer to trainee ratio of 1:2 is satisfied.

*delete as appropriate

Hospital / Institution	
Title of Post	
Tentative date for commencement of training (dd/mm/yy):	
Signature	Hospital Stamp
Name	
Position	
Hospital / Institution	
Date	

Declaration to be completed by the applicant

I apply to register as Basic / Higher Ophthalmology Trainee (delete as appropriate) of the College of Ophthalmologists of Hong Kong. I agree to be abided by the Training Curriculum and Rules and Regulations of the College.

<For applicants for admission to Higher Training> My logbook is ready for inspection.

Signature	
Name	Date of application:

Important Notes:

1. Applications for trainee registration must be submitted to the College of Ophthalmologists of Hong Kong (COHK) not more than one month after the tentative date of commencement of training. Application by fax/ email will not be accepted.
2. The completed application form must be submitted with the required fee HK\$500, certifications and certified true copies of the documents. Cheques should be made payable to “The College of Ophthalmologists of Hong Kong” and crossed.
3. COHK may require the applicant to submit additional documentary evidence, interview the applicant, and impose an additional fee for the assessment of the applicant’s experience and qualifications. COHK reserves the right to recognize or reject trainee registration, and/or determine the date of commencement of training.
4. A trainer should have at least 2 years working experience COHK-recognized training centres after obtaining FCOphth(HK) or the status of Specialist in Ophthalmology from the Medical Council of Hong Kong.
5. Information submitted is to be kept and used by COHK for training and examination purposes, for record purposes for college membership and the Trainee Register. It is necessary to provide the information otherwise the application cannot be considered. Applicants may apply to obtain details of their data or to amend any incorrect data by contacting the secretariat in writing.