

# The College of Ophthalmologists of Hong Kong

## Examination in Ophthalmology in Hong Kong

The College of Ophthalmologists of Hong Kong will conduct an examination for Part B of the Diploma of Associate Fellowship of the College of Ophthalmologists of Hong Kong as detailed hereunder:-

### AFCOphthHK Part B Examination

**HONG KONG 15<sup>th</sup> – 21<sup>st</sup> April 2023**

Requests for further information may be obtained from the Secretariat, the College of Ophthalmologists of Hong Kong, Room 802, 8/F Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong (Fax: +852 2715 0089 and e-mail: cohk@netvigator.com).

Application forms can be obtained from the College of Ophthalmologists of Hong Kong at the above address.

Applications for admission to this examination **MUST** be sent to the College of Ophthalmologists of Hong Kong at the above address. Submission by fax will not be accepted.

The **CLOSING DATE** for the receipt of applications for admission to the examination is **Wednesday 15<sup>th</sup> March 2023**.

The fee schedule for the examination is as follows:

To sit	
Full Examination	HK\$ 30,330
5-7 sections	HK\$ 30,330
1-4 sections	HK\$ 18,780

# The College of Ophthalmologists of Hong Kong

## Important Notice to Applicants

1. To be eligible for the examination, you must possess at least 20 months of supervised post-registration basic training in ophthalmology in a training post approved by The College of Ophthalmologists of Hong Kong on or before the first date of examination.
2. Copies of application forms, examination syllabus and regulations may be obtained from the College of Ophthalmologists of Hong Kong.
3. Registered trainees of the College of Ophthalmologists of Hong Kong applying to sit the examination must complete the application form issued by the College of Ophthalmologists of Hong Kong.
4. Application form, documents/certificates and examination fees must be sent to the College of Ophthalmologists of Hong Kong.
5. Application form must be duly completed, signed and accompanied by the full amount of examination fee, and reach the College of Ophthalmologists of Hong Kong on or before the Closing Date. Cheques should be made payable to "*The College of Ophthalmologists of Hong Kong*".
6. Submission of application forms and documents/certificates by fax will NOT be accepted.
7. Late applications and applications not accompanied by the required documents/certificates or fees will not be accepted.
8. Applicants withdrawing from the examination must give notice in writing.
9. The College of Ophthalmologists of Hong Kong shall not refund the portion of examination fee if the notice of withdrawal is received after the Closing Date.
10. Information submitted is to be kept and used by The College of Ophthalmologists of Hong Kong for examination purposes and 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.
11. Only registered trainees who have complied to the rules and regulations of the College shall be eligible for election to Associate Fellowship of the College of Ophthalmologists of Hong Kong.

### Bad Weather

12. Candidates should pay attention to announcement on Typhoon Signal and Rainstorm Warning by the Hong Kong Observatory.
13. The College of Ophthalmologists of Hong Kong reserves the right to close the examination centre(s) due to extreme weather conditions.
14. The College shall close the examination centre when Typhoon Signal No.8 or above, or Rainstorm Black Warning is hoisted **two hours** before the examination.
15. Examination shall continue if the Typhoon Signal No.8 or Rainstorm Black Warning is hoisted after the examination has started.

### Examination Venue(s)

16. The College does NOT provide car-parking facilities at the examination venue(s).
17. Candidates must not communicate with each other or with outside parties during any part of the examination. Candidates may be disqualified for the whole examination if found communicating with each other or with outside during the examination.
18. Candidates are advised not to bring pagers, mobile phones or any electronic communication devices to the examination venues.

### COVID-19

19. Candidates should bring your OWN PPE (including mask/goggles/visors).

The College of Ophthalmologists of Hong Kong  
Room 802, 8/F, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road  
Aberdeen, Hong Kong

<http://www.cohk.org.hk>  
**T:** 2761 9128 **F:** 2715 0089 **E:** [cohk@netvigator.com](mailto:cohk@netvigator.com)

# The College of Ophthalmologists of Hong Kong

## Examination in Ophthalmology : for the Diploma of Associate Fellowship in Hong Kong

Please complete in BLOCK LETTERS

**I.** To be completed by applicant:-

Name : .....  
Surname Other Names Chinese

Medical Council of Hong Kong Registration No.:

M

Correspondence  
Address :  
(for examination notices,  
receipt and result)

HK / KLN / NT

E-mail : @

Mobile No. :

**II. Certification of Current post in ophthalmology**

*Applicants unable to have the certification signed may produce signed documentation of the posts they have held.*

Hospital / Institution		Hospital Stamp
Title of Post		
Dates	from to	
Signature and Name of Consultant		

**III. Declaration**

I am a registered trainee of the College of Ophthalmologists of Hong Kong.

I apply for admission to the Part B examination in ophthalmology to be held in Hong Kong in April 2023. I have read and understood the Notice to Applicants and Regulations related to the Examination which I wish to apply for.

The required fees are enclosed:- (Please tick ✓ the appropriate box):-

[    ] Full Exam      [    ] sections

Total : <b>HK\$</b>
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Hong Kong dollar (HK\$) cheques should be made payable to "*The College of Ophthalmologists of Hong Kong*".

Signature of applicant : .....

Name in Block Letters : ..... Date : .....

**IV. Certification** ( *to be completed by trainer or supervisor* )

This is to certify that the above-named applicant possesses at least 20 months of supervised post-registration basic training in ophthalmology in a training post approved by The College of Ophthalmologists of Hong Kong.

Signature of trainer / supervisor : .....

Name (in block letters) : ..... Hospital / Institution chop

Post : ..... Date : .....