



Hong Kong College of Emergency Medicine (HKCEM)
Intermediate Examination in Emergency Medicine (IEEM)
Examination Notice

Initial Announcement

General Information

Examination Date:	15 March, 2018 (Part 1 SAQ) ; back up day –16 March, 2018 28 April, 2018 (Part 2 OSCE); back up day – 05 May, 2018
Deadline for Application:	22 January 2017 (Monday) 1700 (HKT)
Examination Venue:	Pamela Youde Nethersole Eastern Hospital (PYNEH) 3 Lok Man Road, Chai Wan, Hong Kong
Eligibility of Application:	<ul style="list-style-type: none">• Please refer to Rules and regulations of Intermediate Examination for Emergency Medicine (IEEM), HKCEM (Applicable to Year 2013 and onward) and Training Programme for Specialists in Emergency Medicine of HKCEM• Eligible candidates will be notified by letter if they are accepted to take the Examination.• Please take special note on the eligibility of the current diet of IEEM post on the web site.
Examination Fee:	re-sit IEEM Part 1 - SAQ * ¹ HK\$7,000 re-sit IEEM Part 2 - OSCE * ¹ HK\$8,000 IEEM Part 1 and Part 2 HK\$15,000

*¹ Please refer to [Section 3 - Transition period arrangement](#) and [Section 10 - Re-sit of examination](#) of the Rules and Regulations.



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Application Procedure

For Hong Kong candidates


Please complete and submit the [IEEM application form](#) with **1 set of all necessary documents**.

For candidates outside Hong Kong

Please complete and submit the [IEEM application form](#) with **1 set of all necessary documents**.

They may enquire HKCEM about eligibility and application process by email if needed. All payment should be made in Hong Kong Dollar.

Please send

- (1) Completed application form,
- (2) 2 Photographs with name written at the back,
- (3) Certified true copies of Registration with Medical Council or local medical registration document for candidates outside HK, (for first attempt candidate only)
- (4) Certified true copies of Annual Practising Certificate or local license to practice for candidates outside HK,
- (5) Certified true copies of Medical Qualifications including Basic Medical Degree and result of Primary Examination in Emergency Medicine, or equivalent, (for first attempt candidate only)
- (6) Training Certification Letters signed by training supervisors or respective consultants covering all the relevant training periods,
- (7) Payment methods:
 - (a) Cheque or bank remittance carrying the appropriate amount payable to the 'Hong Kong College of Emergency Medicine'
on or before the Deadline by hand / mail to
[Hong Kong College of Emergency Medicine,](#)
[Room 809, Hong Kong Academy of Medicine,](#)
[99 Wong Chuk Hang Road, Aberdeen, Hong Kong](#)
(Attn: Censor-in-Chief, HKCEM).
 - (b) Alternative payment method – by Paydollar/Visa/Master: 





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Withdrawal and Refund Policy

(1) Candidates withdrawing from the examination must apply in writing to the Hong Kong College of Emergency Medicine. Candidates may be asked to provide evidence for their reason for withdrawal.

(2) Withdrawal prior to the closing date of the relevant examination application.

10% of the application fee as administrative charge will be levied.

(3) Withdrawal after the closing date of the relevant examination application.

50% of the application fee may be refunded when written notice is received by the Hong Kong College of Emergency Medicine not less than 21 days before the commencement of the examination.

(4) Candidates who withdraw less than 21 days before the commencement of the examination or fail to attend the examination will not be eligible for refund.

(5) Applicants who have submitted an application form but are subsequently found to be not eligible to sit for the examination will have their fee refunded after 10% of the application fee has been levied as administrative charge.

(6) Candidates who cannot pass the IEEM Part 1 may have the application fee of Part 2 refunded.

Remarks

1. All **certified true copies** of documents must be certified by the respective Training Supervisor or Consultant.
2. Exemption from submission of certain documents is only applicable to re-sit candidates who have attempted IEEM before, but not to re-sit candidates who have attempted MCEM only.

Enquiry

Telephone: (852)2871-8876

Fax: (852)2554-2913

Email: em-it@hkcem.org.hk _____



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Format of the training certification letter

1. Letter head - Institution / Hospital / Dept / Correspondence Address
2. Date
3. To whom it may concern
4. This is to certify that Dr ABC (in full spelling) worked / served (or other appropriate verb) as a Medical Officer / Resident in XXX Dept of YYY Hospital from BBB date to DDD date. This experience included direct supervision, regular appraisal of educational progress and attendance at educational meetings.

OR

One may use table format to document several periods of training in the **same department**.

This is to certify the following training profile of Dr ABC

Hospital	Department	Post	From	To

This experience included direct supervision, regular appraisal of educational progress and attendance at educational meetings.

5. Other info or remarks would be optional.
6. Signature
7. Name & Post (Dept Head, Consultant, Hosp Administrator) of signing authority