



Hong Kong College of Emergency Medicine (HKCEM) Primary Examination in Emergency Medicine (PEEM)

Application Form

Please complete in block letters with black ball pen & return to "Hong Kong College of Emergency Medicine, Room 809, Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong".

Personal Information (Please enclose 2 photographs with name written on the back.)

Surname: _____ Forename: _____

Gender: Male Female Date of Birth: ____/____/____ (day/month/year)

Current Employment

Post Title / Rank: _____ Department / Specialty: _____

Hospital: _____

Contact Information (* Essential items, for examination notice)

* Email: _____

* Full postal address: _____

Office: _____ Home: _____

*Mobile: _____ Pager: _____

Certification

HKCEM trainee Yes No; Date of registration if yes: ____/____ (month/year)

| Names of Basic medical degrees or qualifications | Dates (month/year) |
|--|--------------------|
| | / |
| | / |
| | / |

Payment

(Exam Fee: HK\$5,000; payable to "Hong Kong College of Emergency Medicine". Receipt will be issued.)

| |
|--|
| Date of PEEM: <input type="checkbox"/> 20 June 2017 <input type="checkbox"/> 21 June 2017 (Reserved) (Closing Date: 12 May 2017) |
|--|

Cheque Number: _____ Bank: _____

or Paydollar Merchant Reference Number

Signature of applicant: _____ Date: _____



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Check List

10% of the application fee may be charged as administration charges if the submitted application documents are incomplete and need to be returned to the applicant.

Please carefully complete the application.

| Items | Check by tick |
|--|--------------------------|
| 1. I have filled in all the required personal particulars. | <input type="checkbox"/> |
| 2. I have enclosed 2 photographs with name written on the back. | <input type="checkbox"/> |
| 3. I have enclosed all the certified true copies of my relevant qualifications. | <input type="checkbox"/> |
| 4. I have kept the original certification of my qualifications for inspection upon request. | <input type="checkbox"/> |
| 5. I have enclosed the required cheque or bank remittance. Or Paid via Paydollar (www.paydollar.com) | <input type="checkbox"/> |
| 6. I have submitted the application form and all relevant documents. | <input type="checkbox"/> |
| 7. I have delivered the application in advance of the closing date. | <input type="checkbox"/> |

Signature of applicant: _____

Name of applicant: _____ Date: _____

For use by Examination Committee of HKCEM:

| | |
|---|--|
| 1. Certification of the basic medical qualification* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Enclosure of payment cheque / Payment record of Paydollar | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Submission of all required documents | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Remarks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Acceptance granted for Examination | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signed by _____ (_____) on _____

Checked by _____ (_____) on _____

* All **certified true copies** of documents must be certified by the respective Training Supervisor or Consultant.