THE HONG KONG COLLEGE OF FAMILY PHYSICIANS Board of Vocational Training & Standards Application Form For Mentor of Research Segment, Exit Exam

Name :	(English)	(Chinese)
Correspondence Address	:	
Telephone :	(Office)	(Mobile)
Fax No.:	Email:	
Current Position and insti	tution:	
Medical Qualifications: <u>Date Obtained</u>	Granting Authority	Qualification / Level attained
Postgraduate Degree: <u>Year of Graduation</u>	School / Institution	Qualification / Level attained
·		emy of Medicine (Family Medicine)? Yes / No
Have you obtained the Fe	ellowship of the Hong Kong Collec	ge of Family Physicians? Yes / No
Have you had any previou	us research experience as a princ	sipal investigator or co-investigator of a Yes / No
Have you ever been a firs	t author or co-author of an origina	al reviewed publication?* Yes / No
*Details of research experier	nce and publication please state on y	our Curriculum vitae (CV).
Please complete and se following address:	end the application together wit	h your Curriculum Vitae (CV) to the
The Hong Kong College Room 803-4, 8/F, HKAM	of Family Physicians Jockey Club Building, 99 Won	g Chuk Hang Road, Aberdeen
Signature: Date:	(Block Letter:	

Please contact the secretariat at 2871 8899 should you have any enquiries.