

PERSONAL DETAILS

This logbook serves as a record of training for trainees of the Hong Kong College of Family Physicians. The logbook is to be kept by the trainee and should be validated by the respective trainers who are involved in the training of the trainee.

Dr. _____

Home Address _____

Tel: _____

Mailing Address _____

Tel: _____

Date of Graduation _____

University _____

Degree _____

Undergraduate Awards

Postgraduate Degrees and Diplomas

Awarding Body

Year

PRE-REGISTRATION EXPERIENCE (INTERNSHIP)

Please record your hospital assignments during the pre-registration year.

Period of training (-)	HOSPITAL /UNIT	Duration (months)
Describe the skills and knowledge acquired		

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