

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

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.....

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Postgraduate Degrees and Diplomas

Awarding Body

Year

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PRE-REGISTRATION EXPERIENCE (INTERNSHIP)

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

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

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