

Category I Candidates - Documentation of Training Form

All Category I candidates who apply to sit for the **Written** Examination for the first time **MUST** submit documented evidence of completion of not less than **15 months** of College approved basic training by 31 March 2024, together with the application.

All Category I candidates who apply to sit for the **Clinical** Examination for the first time **MUST** submit documented evidence of completion of not less than **39 months** of approved basic training by 31 March 2024, together with the application.

Part A

Basic Training excluding Internship Year, up to 31 March 2024

| | Hospital Based (Specialty) | Training Centre | Date | | Sub Total (months) |
|---------------|--------------------------------------|-----------------|-------------------|-----------------|-----------------------|
| | | | From (mm/yyyy) | To (mm/yyyy) | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| Total: | | | | | |
| | Community Based (Family Medicine) | Training Centre | Date | | Sub Total (months) |
| | | | From (mm/yyyy) | To (mm/yyyy) | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| Total: | | | | | |

N.B. Category I candidates must produce their updated content checklists for basic training upon request.

Part B – Certification by BVTS / Clinical Supervisor / Cluster Coordinator

I certify that Dr. _____ (Candidate Name) have completed _____ months of HKCFP approved basic training by 31 March 2024.

| Certified by BVTS / Clinical Supervisor / Cluster Coordinator (signature): | Position | Contact Phone Number | Address |
|----------------------------------------------------------------------------|----------|----------------------|---------|
|----------------------------------------------------------------------------|----------|----------------------|---------|

| | | |
|----------------------------------------------------|----------------------|-------------|
| Name of Clinical Supervisor / Cluster Coordinator: | _____ (Block Letter) | Date: _____ |
|----------------------------------------------------|----------------------|-------------|

Part C – Certification by candidate

I, Dr. _____ (name of candidate), will have completed a minimum of 24 months of HKCFP approved basic training / will have completed a minimum of 48 months of HKCFP approved basic training by the end of 2024.

Certified by candidate
(signature):

* Delete as appropriate