

HKCFP DERMATOLOGY INTERACTIVE TRAINING COURSE REGISTRATION FORM (Part B and C)

Personal Particulars:

Name: _____
(Surname, in BLOCK LETTERS) (Given Name)

Member - ID: _____ Mobile: _____

Email: _____

Working Place / HA cluster (if any): _____ / _____
(Working place) / HA cluster (if any)

Training Status:

Hospital-based Training Community-based Training Year _____

Date of training enrollment: _____

Expected date of completion of basic training: _____

Course Fee for part B & C:

HK\$ 400.00

Cheque should be made payable to "HKCFP Education Limited" for the course fee.

Part A – Attendance of the Dermatology Seminar

Organized by HA: Completed on _____ and the recommendation from clinical supervisor is enclosed

Organized by HKCFP: Completed on _____

Certificate in Clinical Dermatology organized by the University of Hong Kong and the "Certificate of Attendance" is enclosed

Not completed yet

Part B - Registration to Dermatology Interest Group (DIG)

Please register the DIG using the usual Board of Education Registration Form. Please refer to the Board of Education News in the FP Links for the schedule of DIG. Please note that the DIG would be held in odd months of each year (except public holiday).

Part C - Case Presentation

The presentation schedule would be further confirmed by the Secretariat later. Presenters are required to submit their presentations 2 weeks before the scheduled presentation date.

Signature: _____ Date: _____