



香港家庭醫學學院
The Hong Kong College of Family Physicians

Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Tel: (852) 2871 8899 Fax: (852) 2866 0616

E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk

香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室



**MCHK CME Programme for Practising Doctors
Who are not taking CME Programme for Specialists
Registration Consent Form**

My current MCHK CME Cycle starts on ~~1-January~~ / **1-July*** _____ (Year), which is registered with:

- Department of Health (DH)
 Hong Kong Doctors Union (HKDU)
 Hong Kong Medical Association (HKMA)

(For new registrant for the programme, please leave the above part empty; Please contact MCHK if you are not sure for your CME Administrator or Cycle Start Date at +852 2873 5131 or via email to mchk@dh.gov.hk.)

I would like to register with the **Hong Kong Academy of Medicine (HKAM)** via the **Hong Kong College of Family Physicians (HKCFP)** as my CME administrator for the MCHK CME programme from ~~1-January~~ / **1-July*** _____ 2026 (Year).

** delete as appropriate*

Please be reminded that the above transaction can be arranged only after one cycle year of programme has completed. For Example:

Case 1: Cycle starts in **January 2023** under non-HKAM CME administrator, you are accepted to transfer to HKAM via HKCFP in **January 2024, January 2025 or January 2026**

Case 2: Cycle starts in **July 2023** under non-HKAM CME administrator, you are accepted to transfer to HKAM via HKCFP in **July 2024 or July 2025 or July 2026**

Please provide the CME Report for the preceding cycle year(s) completed within the cycle under other administrator together with this form to HKCFP before **26 June 2026 (Friday)** in order to proceed the application.

Full Name: _____
Surname, Given Name

HKCFP Membership No.: _____ MCHK Registration No.: _____

Email: _____ Contact mobile No.: _____

Signature: _____ Date: _____