

HONG KONG COLLEGE OF PAEDIATRICIANS

Application for Retrospective Accreditation of Training in Paediatrics

Procedures :

1. Applicant writes to Secretary of College – note the retrospective nature of application
2. Secretary redirects application to Accreditation Committee (AC)
3. Secretary of Accreditation Committee (AC) – sends standard form to applicant
4. Applicant returns application form with training details
 - + Reasons for not applying prospective accreditation of training
 - + \$10,000
 - + Declares no interruption during training period /or gives reasons for interruption
 - + Statement undertaking all information supplied are correct
5. Vetting by subcommittee (Dr. Ho Che Shun & colleagues)
6. Recommendation of approval/disapproval by AC
7. Approval by Council
8. Refer to Membership Committee for further action

HONG KONG COLLEGE OF PAEDIATRICIANS
Application for Retrospective Accreditation of Training in Paediatrics

Dr. C.W. Chan
 Chairman, Accreditation Committee
 Hong Kong College of Paediatricians

I would like to apply for retrospective accreditation of my training _____ (dd/mm/yy)
 to _____ (dd/mm/yy).

I am/am not * a member /associate member * of the College since _____ (mm/yy).

I passed the MRCP Part II examination on _____ (mm/yy).

I did not apply for prospective accreditation of my training because
 _____.

Details of my training proposed for accreditation are listed (excluding internship training) :

Year	Month	Institution	Country	Specialty		
				General	Neonatology	Others

I enclose a letter from my previous supervisor/head of department certifying my previous training.

To my knowledge, the centre (s) where I received training are/are not * accredited training centre (s) in the country.

I enclose a cheque of \$10,000 for the purpose of this accreditation exercise.

I declare that there has been no interruption during my whole training period.
 (For applicant with interruption of training : The reason for my interruption from
 _____ to _____ is _____.

I undertake that all the information supplied are true and accurate.

Two trainers agreed to be my referees : _____

* delete as appropriate

Dr. C.W. Chan
Chairman, Accreditation Committee
Hong Kong College of Paediatricians

Date :

Dear Dr. Chan,

I certify that Dr. _____ has undergone training in
General Paediatrics / Neonatology / Others : _____ in our
institution for a period of _____ months _____ (dd/mm/yy)
to _____ (dd/mm/yy). During his/her training he/she has undertaken the
following activities (tick as appropriate) :

Ward duties _____

Supervised clinical rounds _____

Out Patient Clinic _____

On call duties _____ 1/ _____ nights

Academic meetings _____

Dr./Prof.

Head of Department

* To be filled by Supervisor / Head of department of the institution from which the training took place.