

7. DATE OF PASSING:

HKICBSC Membership Exam Part 1: _____

HKICBSC Membership Exam Part 2: _____

8. DATE OF ATTEMPTS AT:

HKICBSC Membership Exam Part 1: _____

HKICBSC Membership Exam Part 2: _____

9. PUBLISHED ARTICLES*:

(local and non-peer reviewed articles to be included as well and presented in standard citation format listing all authors with your name underlined)

10. PAPERS PRESENTED IN LOCAL INTER-HOSPITAL/INTERNATIONAL MEETINGS*:

(local and non-peer reviewed presentations with your as the presenter to be included as well; list all investigators/authors with your name underlined)

11. RESEARCH PROJECTS (if not covered under items 9 and 10)*:

(details of your involvement, subject, institution, full time/part time, name of supervisor, commencement and completion dates of projects, and associated qualifications/degree and duration of project)

12. TRAINING ACTIVITIES/CONFERENCE ATTENDED*:

(in chronological order)

Training Period	Details of Activities

13. AWARD ACHIEVED*:

(including achievements you have in areas outside medicine)

14. SPECIAL SKILLS / INTERESTS / HOBBIES:

(including achievements you have in areas outside medicine)

I certify that the information supplied in this application is true, complete and correct.

NAME: _____

SIGNATURE: _____ **DATE:** _____

Remarks: * = in university & during internship