**THE HONG KONG COLLEGE OF PATHOLOGISTS**

**APPLICATION FOR MEMBERSHIP**

*Please tick "✓" or fill in the blanks where appropriate. Use separate sheets if space provided is insufficient.*

**Category of membership applied for**: *Fellow* 🞏  *Member* 🞏 *Associate* 🞏

**Title:**  Dr / Prof / \_\_\_\_\_\_\_ **Name in Chinese** (if any) : |\_\_\_\_\_\_|\_\_\_\_\_\_|\_\_\_\_\_\_|\_\_\_\_\_\_|\_\_\_\_\_\_|

**Surname (Last Name)**: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**First Name (Other Names)**: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Sex**: *Female* 🞏 *Male* 🞏 **Date of Birth** (day/month/year): |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|

**HKID No. / Passport No.**: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Present Appointment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Address:**|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

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**Telephone No.:** |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| **Fax**: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Correspondence Address** (if different from Office Address):

 |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

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| **Qualifications****(Both Basic & Specialist)** | **Dates** | **Obtained by****(e.g. examination, publication)** |
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| **Appointments/Training in Pathology (Post, Unit, Institution & Inclusive dates):** |
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| **Other Clinical Appointments/Training (Post, Unit, Institution & Inclusive dates):** |
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 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Completed application form should be returned to the Registrar of The Hong Kong College of Pathologists together with:*

*1. A completed supporting letter.*

*2. Certified copies# of documents relating to the qualifications mentioned in your application form.*

*3. A certified copy# of the Certificate of Registration with the Hong Kong Medical Council*

**or**

*a certified copy# of the most recent Annual Practising Certificate.*

*#To be certified by a Fellow of The Hong Kong College of Pathologists (preferably the Educational Supervisor for registered trainee), a public notary, or a solicitor.*

*Address: Room 606, 6/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong\*.*

***\*Application form submitted by registered trainee should be returned via the Secretary of the Training and Examinations Committee (TEC).***

Notes about your personal data:

The personal data provided by you in this form will be used by the College solely for the activities relating to the processing of your application and to facilitate communication with you. Should your application be successful, your personal data will be transferred to the membership register of the College.

**THE HONG KONG COLLEGE OF PATHOLOGISTS**

**SUPPORTING LETTER FOR APPLICATION FOR MEMBERSHIP**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: The Registrar

 The Hong Kong College of Pathologists

 I certify that as far as I know, the information provided on the application form

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is true. I support his/her application.

 (Name of Applicant)

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Supporter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: The supporter must be a Fellow of The Hong Kong College of Pathologists or the Educational Supervisor of the applicant.*

**EXTRACT FROM THE ARTICLES OF ASSOCIATION CONCERNING MEMBERSHIP**

The Membership of The College shall consist of the following:

(a) FOUNDER FELLOWS - Founder Fellows are the subscribers to the Memorandum and Articles of Association of The College and the Founder Members who possess the training and experience recognised by the Council at the inception of The College;

(b) FOUNDER MEMBERS - Founder Members are Members who at the inception of The College shall be registered medical practitioner in Hong Kong holding higher professional qualifications of M.R.C. Path (U.K.), F.R.C.P.A., Diploma of the American Board of Pathology, F.R.C.P. (C) in pathology or its specialties, D.M.J. (Pathology), M.D. in pathology or who hold equivalent qualifications and experience recognised by the Council.

(c) FELLOWS - No person shall be a Fellow unless he is a registered medical practitioner or a registered dentist in Hong Kong having at least 6 years' relevant experience recognised by the Council after full registration and has successfully completed the courses of training and passed all examinations and assessments prescribed or recognised by the Council.

(d) HONORARY FELLOWS - Honorary Fellowship of The College may be bestowed on persons of eminence who have rendered exceptional services to the Science or Practice of Pathology. They shall be nominated by at least four Councillors and be voted in favour of admission by at least three quarters of the total number of Councillors present at the particular Council Meeting with not less than twenty-one days prior notice of the voting for endorsement of the nominee(s). No proxy is allowed.

(e) OVERSEAS FELLOWS - The College may admit as Overseas Fellows Pathologists resident overseas who otherwise would have been eligible for admission as Fellows.

(f) MEMBERS - No person shall be a Member unless he is registered medical practitioner in Hong Kong having at least 3 years' standing after full registration and has passed the Membership Examination or an equivalent examination recognised by the Council and has completed the period of basic specialist training prescribed by the Council.

(g) ASSOCIATES - The College may admit as Associates any registered medical practitioner in Hong Kong who are practising in one or more of the recognised disciplines in Pathology and are interested in the pursuit of continuing medical education.

Members of The College shall be admitted in such manner as is hereinafter prescribed or as may from time to time be prescribed by the bye-laws.

The rights and privileges of every member shall be personal to himself and shall not be transferred or transmitted. Only Founder Fellows, Fellows and Founder Members shall have the right to vote at General Meetings and to be elected Officers or Councillors. They are hereinafter referred to as the "Voting Members".

**MEMBERSHIP ENTRANCE AND ANNUAL SUBSCRIPTION FEES**

#### Please refer to the College website (<http://www.hkcpath.org/Docs/CollegeFees.pdf>) for the latest information on the membership entrance and annual subscription fees.