



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

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**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)

(Please contact MCHK if you are not sure your CME Administrator or Cycle Start Date at +852 2873 5131 or via email to [mchk@dh.gov.hk](mailto: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\*** \_\_\_\_\_ (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 2017** under non-HKAM CME administrator, you are accepted to transfer to HKAM via HKCFP in **January 2018, January 2019 or January 2020**

Case 2: Cycle starts in **July 2017** under non-HKAM CME administrator, you are accepted to transfer to HKAM via HKCFP in **July 2018, July 2019 or July 2020**

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 **22 June 2018 (Friday)** in order to proceed the application.

Full Name: \_\_\_\_\_  
Surname, Given Name

HKCFP Membership No.: \_\_\_\_\_ MCHK Registration No: \_\_\_\_\_

Email: \_\_\_\_\_ Contact mobile No.: \_\_\_\_\_

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