

**THE HONG KONG COLLEGE OF FAMILY PHYSICIANS**  
**Application Form for Accreditation / Re-accreditation as Training Centre for**  
**Basic Training (Hospital Based) in Family Medicine**

- Application of Training Centre Accreditation  
 Application of Training Centre Re-accreditation  
Expiry Date of Accreditation (mmm/yyyy): \_\_\_\_\_

1. Name of Hospital: \_\_\_\_\_  
\_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Cluster FM Department COS or Coordinator delegated:	<b>(Name)</b>	<b>(Position)</b>
_____		

5. Hospital Chief Executive or delegated:	<b>(Name)</b>	<b>(Position)</b>
_____		

6. Any **Basic** Trainee(s) working in the training centre in the preceding 12 months:

Yes [     ]     No [     ]

7. Any **Basic** Trainee(s) working in the training centre in the coming 12 months:

Yes [     ]     No [     ]

**Those with no Basic Trainees in the preceding/coming 12 months, will be automatically accredited as Provisional training centre and no application is needed. Please return this page to BVTs for further arrangement. Should you have any queries, you are welcome to contact our secretariats at 2871 8899 or [BVTs@hkcfp.org.hk](mailto:BVTs@hkcfp.org.hk).**

**If yes, please proceed to the next page.**







18. Would your hospital allow protected time for continuing medical educational activities?

Yes [ ] No [ ]

19. Does your practice organize the following educational activities?

- a. Small Group Discussion [ ]
- b. Tutorial [ ]
- c. Lecture/Seminar [ ]
- d. Journal Club [ ]
- e. Research Club [ ]
- f. Undergraduate Teaching [ ]
- g. Video-Tape Viewing Sessions [ ]
- h. Others [ ]

.....  
*Please Specify*

*\* delete as appropriate*

I, on behalf of \_\_\_\_\_, apply for accreditation as a training centre for Hospital Based Training of the Vocational Training Programme organized by the Hong Kong College of Family Physicians. My preference timeslots for the visit would be:

	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thur</i>	<i>Fri</i>	<i>Sat</i>	<i>Sun</i>
<b>A.M.</b>							
<b>P.M.</b>							

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

Name : \_\_\_\_\_

*(Block Letters, Please)*

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

- END -