

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Application Form for the Certification of Completion of Basic Training in Family Medicine

Name of Trainee: _____ (The name will be printed on the certificate)

Block letter please

Starting Date of Training: _____ (DD / MM / YYYY)

Completion Date of Training: _____ (DD / MM / YYYY)

I would like to apply for completion of Four-Year of Basic Training.

Please complete the following table of your training rotation: -

Period (MM/YY – MM/YY)	Name of Training Unit	Specialty	Completion of relevant checklist in Logbook	Feedback report from supervisors (per specialty)
			Please tick in the following boxes	

Please complete the following checklist:

Listing of Structured Education Programme by Modules	Yes / No*
Self-directed Education & Critical Appraisal Exercise <i>(Mandatory for Higher Training)</i>	Yes / No*
Completion of Listing of Patient Seen in a Two-week Period in Community Based Basic / Higher Training	Yes / No*
Record of Supervisors / Mentor's Feedback	Yes / No*
Clinic Sit-in Consultation Sessions and Review of Consultation Video-recording	Yes / No*

Signature: _____ Date: _____

For Official Use Only

1. Retrospective accreditation letter from BVTS **Yes / No***

2. Evidence submitted by trainee **Yes / No***

3. Certificate of completion of basic/ higher training **Yes / No***

** delete as appropriate*