



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)**

*(For new registrant for the programme, please leave the above part empty; Please contact MCHK if you are not sure for 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\*** \_\_\_\_\_ 2022 \_\_\_\_\_ (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 2018** under non-HKAM CME administrator, you are accepted to transfer to HKAM via HKCFP in **January 2019, January 2020 or January 2021**

Case 2: Cycle starts in **July 2018** under non-HKAM CME administrator, you are accepted to transfer to HKAM via HKCFP in **July 2019, July 2020 or July 2021**

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 **30 June 2022 (Thursday)** in order to proceed the application.

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

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

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

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