

香港西醫工會延續醫學進修證書計劃 報名表格
Registration Form of Hong Kong Doctors Union CME Programme

(Please tick)

1. 本人現有意參加以下地區之香港西醫工會延續醫學研習小組，如有以下本人所選之地區舉辦活動，請通知本人詳情。

I am interested in joining the accredited CME functions of the following HKDU Study Group(s) marked with a tick. Please ask the Study Group Coordinator(s) to send me the details of the future CME functions.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Central | <input type="checkbox"/> Wanchai | <input type="checkbox"/> Causeway Bay | <input type="checkbox"/> Hong Kong East | <input type="checkbox"/> Hong Kong South |
| <input type="checkbox"/> Hong Kong West | <input type="checkbox"/> Sham Shui Po | <input type="checkbox"/> Mei Foo | <input type="checkbox"/> Kwai Tsing | <input type="checkbox"/> Tsuen Wan |
| <input type="checkbox"/> Tuen Mun | <input type="checkbox"/> Ma On Shan | <input type="checkbox"/> Shatin | <input type="checkbox"/> Tai Po | <input type="checkbox"/> Sheung Shui |
| <input type="checkbox"/> Yuen Long | <input type="checkbox"/> Kowloon East | <input type="checkbox"/> Tseung Kwan O | <input type="checkbox"/> Kwun Tong | <input type="checkbox"/> Hung Hom |
| <input type="checkbox"/> Wong Tai Sin | <input type="checkbox"/> Baptist Hospital | <input type="checkbox"/> Mong Kok | <input type="checkbox"/> Tsim Sha Tsui | |

2. 本人現選擇以下機構為本人於香港醫務委員會延續醫學進修計劃之唯一行政機構。

香港西醫工會 (本人明白香港西醫工會是免費為本人處理於香港醫務委員會延續醫學進修計劃之事宜。)

- 本人現申請參加香港西醫工會延續醫學進修證書計劃，並同意遵守該計劃之規章。選擇之年度如下：

1/1/2023 至 31/12/2023

1/7/2023 至 30/6/2024

已有其他行政機構為本人處理於香港醫務委員會延續醫學進修計劃之事宜。

本人現決定選擇香港西醫工會代替_____ (現任延續醫學進修計劃之行政機構) 成為本人參加延續醫學進修計劃之唯一行政機構，並授權香港西醫工會為本人處理延續進修紀錄及積分申報事宜。

I now select the following organization as my sole CME Programme Administrator under the MCHK CME Programme.

Hong Kong Doctors Union (I UNDERSTAND THAT NO REGISTRATION FEE IS REQUIRED FOR CHOOSING HKDU AS MY CME PROGRAMME ADMINISTRATOR UNDER THE MCHK CME PROGRAMME.)

- I would like to join the HKDU CME Programme and agree to abide the rules and regulations for the award of certificate of continuing medical education as prescribed by the Union from time to time. The programme will be started from the year :

1/1/2023 至 31/12/2023

1/7/2023 至 30/6/2024

I have chosen the other organization as my CME Programme Administrator under the MCHK CME Programme.

I now confirming to have Hong Kong Doctors Union (HKDU) as my Administrator for the CME Programme of MCHK and authorize HKDU to obtain my CME record from _____ (Current CME Administrator).

姓名
Name: _____

簽署
Signature: _____

醫委會註冊號碼
MCHK Reg. No.: _____

聯絡電話號碼
Contact Tel. No.: _____

日期
Date: _____

請將填妥的申請表 傳真至2385 5275；電郵至hkdu@mail@gmail.com；郵寄至香港西醫工會。

Please complete this form and return it by Fax at 2385 5275 ; E-mail hkdu@mail@gmail.com ; Post to HKDU.

Personal data is collected for the purpose of the administration of the HKDU CME programme and communication between Hong Kong Doctors Union and the data subject, who is at liberty to correct/update information as and when necessary. Requests for access to data or correction of data should be directed to HKDU.