



香港婦產科學院  
THE HONG KONG COLLEGE OF  
OBSTETRICIANS AND GYNAECOLOGISTS  
*A Foundation College of Hong Kong Academy of Medicine*  
(Incorporated in Hong Kong with limited liability)



**Application for Certificate of Accreditation in**

**Gynaecological laparoscopic surgery, HKCOG**

I would like to apply for Certificate of Accreditation in intermediate / advanced\* level of Gynaecological laparoscopic surgery.

I. Personal data (Please omit [ ] if applicant is a member of HKCOG)

Name (surname first) \_\_\_\_\_

[Sex \_\_\_\_\_ Date of birth \_\_\_\_\_ HKID/Passport No. \_\_\_\_\_

Correspondence address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ ]

II. Medical education and training (Non member of HKCOG has to submit copy of certificate of qualification.)

Medical school \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Member of HKCOG \_\_\_\_\_ Year \_\_\_\_\_

Qualification	MRCOG	Year	_____	FHKAM(O&G)	Year	_____
	FRCOG	Year	_____	FHKCOG	Year	_____
	Others (Specify)		_____		Year	_____

III. Current practice

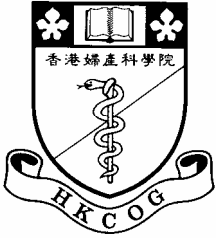
HA / University / Private\*

IV. Continuing medical education (on gynaecological laparoscopic surgery after 1<sup>st</sup> October 1993).

<u>Course Title</u>	<u>Location</u>	<u>Inclusive dates</u>
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_____	( _____ )
Signature of applicant	Date

\* delete as appropriate



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### **Applicant's Consent and Release for Inquiry**

I, Dr. \_\_\_\_\_, am applying to the Hong Kong College of Obstetricians and Gynaecologists for Certificate of Accreditation in operative laparoscopic surgery. I give my permission to any institution, with whom I have been associated, to release to the College information pertaining to my hospital practice. Such information may include written material related to the laparoscopic operations performed by me.

In giving my permission for the release of such information to the college, I hereby release from liability any institution, for her act performed in good faith and without malice in supplying the information requested by the College for the consideration and processing of my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date