



HK College of Nursing and Health Care Management
Multiple Choice Question Examination
Application Form

Declaration

The examination held by the Hong Kong College of Nursing and Health Care Management (HKCNHCM) is to assess the professional knowledge of a nurse to practice as a nursing or health-related academia and researcher up to the standard of an advanced practice nurse as stipulated or required by the College to be her full member.

Submission of this application does not guarantee automatic approval to sit the MCQ examination. Your application will be vetted as regard your eligibility for the examination. The information you submit should be accurate and updated.

A. Applicant Information (to be completed by the applicant):

First Name:		Title:	Prof. / Dr. / Mr. / Mrs. / Ms.*
Surname:		Chinese Name:	
Mobile No.:		Gender:	M / F *
Fax No.:		HKID (e.g. A000):	
Email Address:		Year of Birth:	
Present Work Place:		Job Title:	
Address:			
Practicing certificate no.:		Expiry Date (DDMMYY):	

B. Academic and Professional Qualifications:

(The following entries should be written in descending chronological order)

Year	Course / Program Title	Training Institution / Country	Qualification Obtained / Year	Official use

C. Post-registration Working Experience in Nursing Relevant to the Application:

(The following entries should be written in descending chronological order)

Position	Specialty / Department	Working Institution / Hospital	Period	Official use

D. Significant Contributions to Nursing Profession:

(For each of the following please include the three to five most significant ones; and the others can be attached in a separate sheet)

1. In leadership position of specialty-related activities

Position	Activity Title	Period / Year	Official use

2. Invited positions or duties in local, national and/or international initiatives

Position	Activity Title	Period / Year	Official use

3. Contributions in nursing practice and service development

Position	Activity Title	Period / Year	Official use

E. Supportive Documents

I enclose the following documents to support my application:

- ☐ (1) copy of Registered Nurse / Midwife certificate from Nursing Council of Hong Kong
- ☐ (2) copy of valid registered nurse practicing certificate
- ☐ (3) copy of the certificate of the highest academic qualification
- ☐ (4) copy or copies of specialty nursing related certificate(s)
- ☐ (5) copy or copies of curriculum vitae
- ☐ (6) a cross cheque **HK \$1000** for application fee (non-refundable) made payable to
"Hong Kong College of Nursing and Health Care Management Limited"; and
- ☐ (7) Others: _____

Only those unsuccessful applicants will receive the refund

Please send all the above documents and cheque to the HKCNHCM Office on or before 26 June 2020.

(Attn: College Admin Office, HKCNHCM, LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, Kowloon)

Email: admin@hkcnhcm.org

F. Other Information

Referee (Professionally Affiliated)

Name

Position

Hospital / Institution

Email Address

DECLARATION

- I hereby declare that I agree to provide the above information to HKCNHCM and the information provided on my behalf, in support of this application is accurate, complete and truthful to this date.
- I authorize the HKCNHCM to obtain and the relevant authorities to release, any information about my qualification and/or employment as required for my application.
- I understand that the information provided herewith would be forwarded to the Hong Kong Academy of Nursing Ltd. for processing my fellow membership application if needed.
- I understand that it is my responsibility to inform the College for any change in the above information, such as place of work, correspondence address and additional related qualification(s), etc. The College will not have to be responsible for any issues arise as a result of my failure to inform.
- I understand that the HKCNHCM will cancel my application if I have provided any inaccurate or forged information.

Signature of Applicant

Date

FOR ACADEMY COLLEGE USE

<input type="checkbox"/> C	<input type="checkbox"/> N	Result:	Verified by:
<input type="checkbox"/> P	<input type="checkbox"/> CP	<input type="checkbox"/> Admitted	Signature: _____
<input type="checkbox"/> M	<input type="checkbox"/> CQ	<input type="checkbox"/> Rejected	Name: _____
		<input type="checkbox"/> Waiting List	Date: _____

* Delete as appropriate