



**THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS**  
**香 港 骨 科 醫 學 院**

**INSTRUCTIONS FOR THE APPLICATION  
FOR  
HIGHER ORTHOPAEDIC TRAINING**

- 1) Please fill in all the information required in the application form.
- 2) Certified true copies of your qualification(s) must be provided.
- 3) The appointment by a hospital **must be certified** by a responsible person before the respective working or training period could be recognized and registered. Please also enclose the photocopies of (i) Annual Practising Certificate; and (ii) Hong Kong Identity Card.
- 4) Please also provide a copy of certification for Basic Surgical Skills Course if you have already attended one.
- 5) Please also attach a cheque of **HK\$1,000**, payable to "The Hong Kong College of Orthopaedic Surgeons", as the application fee.
- 6) The information you submitted will be assessed for your eligibility for higher orthopaedic training. If you are eligible, you will be invited to a Selection Interview at a specified date.
- 7) The Selection Interview is an integral part of the application process. Failure to attend the interview will automatically remove your application.
- 8) The Hong Kong College of Orthopaedic Surgeons cannot guarantee that a training position must be granted to any applicant and cannot guarantee to offer any particular number of training positions each year.

**The Hong Kong College of Orthopaedic Surgeons will not be able to process any application without complete information and the required documents. Only registered higher trainees will be eligible to sit for the Specialty Fellowship Examination in Orthopaedics and Traumatology after completing the required training.**

**FOR ANY ENQUIRY, PLEASE CONTACT THE SECRETARIAT ON TEL: 2871 8722 OR FAX: 2873 4077.**

**APPLICATION SHOULD BE SENT TO:**

The Secretariat  
The Hong Kong College of Orthopaedic Surgeons  
Room 905, 9<sup>th</sup> Floor  
Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road  
Aberdeen, Hong Kong





**Paper or Project in Progress** (if applicable)

Title	Authors

**I DECLARE THAT I AM A REGISTERED MEDICAL PRACTITIONER OF HONG KONG IN GOOD STANDING AND ORDINARILY RESIDE IN HONG KONG, AND ALL THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

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

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

**FOR OFFICE USE ONLY**

- Selection Interview on \_\_\_\_\_
- Recommendation by Selection Board  Recommended  Not Recommended

\_\_\_\_\_  
Signature of Selection Board Chairman

- Discussed in Education Committee Meeting on \_\_\_\_\_
- Application successful  Yes  No

REMARKS :

\_\_\_\_\_  
Signature of College Censor, HKCOS

