



## THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

### Application Guidelines for Rehabilitation Subspecialty Trainer

#### Job Description / Requirements:

1. Rehabilitation Subspecialty Fellows of The Hong Kong College of Orthopaedic Surgeons (the "College") with 1 year qualification of post-fellowship in Orthopaedic Rehabilitation Subspecialty are eligible for application. The application will be vetted by the Orthopaedic Rehabilitation Subspecialty Board during its regular meetings. The status of trainer will be effective on the date of approval of the application.
2. A Trainer is responsible to provide and supervise the training of Orthopaedic Rehabilitation Subspecialty Trainees.
3. A Trainer will work under the supervision of the Orthopaedic Rehabilitation Subspecialty Board of the College.
4. A Trainer is required to keep an annual record of the training activities and the trainees under his/her direct supervision.
5. A Trainer in private practice should be affiliated to one particular accredited Rehabilitation Training Centre in order to sign for the training documentations of Rehabilitation Trainees. Otherwise, the signed training documentations will be invalid.
6. The performance is subjected to regular evaluations by the College.
7. A Trainer is required to obtain additional 10 Category Rehab CME/CPD points per annual CME/CPD return from 1 January of the following calendar year of the approval date of the application. The status of trainer will be renewed annually.

✉ **Return Address:**

The Secretariat, The Hong Kong College of Orthopaedic Surgeons, Room 905, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong  
☎ (852) 2871 8722

Rehab Trainer (rev\_May 2017)



**THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS**

**香 港 骨 科 醫 學 院**

**APPLICATION FORM FOR REHABILITATION SUBSPECIALTY TRAINER**

**SECTION 1 – PERSONAL DATA**

Name : \_\_\_\_\_  
(Family Name, Given Names) (In Chinese)

Sex : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ (dd/mm/yy)

HKID No. : \_\_\_\_\_ (optional) MCHK No. : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

Contact No.: \_\_\_\_\_ Pager No. : \_\_\_\_\_ Mobile : \_\_\_\_\_

E-mail Address : \_\_\_\_\_ Fax No. : \_\_\_\_\_

Date of Election as Fellow of The Hong Kong College of Orthopaedic Surgeons : \_\_\_\_\_

Date of Election as Rehabilitation Fellow of The Hong Kong College of Orthopaedic Surgeons : \_\_\_\_\_

**SECTION 2 – CURRENT PRACTICE**

*(Please tick)*

- Public (Hospital: \_\_\_\_\_)  Hospital Authority  
 Private (If affiliated to public hospital, please specify: \_\_\_\_\_)  Department of Health  
 Others (Please specify) \_\_\_\_\_

I agree to comply with College directives in regard to training and the College requirements for a Trainer that may be reviewed from time to time.

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

*Please submit the completed form together with a copy of your CV to the College Secretariat.*

**For Official Use Only**

Received on: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Discussed by Rehab Board on: \_\_\_\_\_ Application Successful  Yes  No

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