



**THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS**

**香 港 骨 科 醫 學 院**

**REHABILITATION IN  
ORTHOPAEDIC SURGERY**

**APPLICATION FORM for EXIT ASSESSMENT**

Last name of candidate \_\_\_\_\_  
(in BLOCK LETTERS)

Other names in full \_\_\_\_\_  
(in BLOCK LETTERS)

HKID No. \_\_\_\_\_ Sex \_\_\_\_\_  
(enter the alphabet and the first 4 digits only)

Date of full registration with the  
Medical Council of Hong Kong (if applicable) \_\_\_\_\_ (dd/mm/yy)

MCHK Registration No. \_\_\_\_\_

Admission date as Fellowship of the HKCOS \_\_\_\_\_

Full postal address  
(for assessment notice) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone no. \_\_\_\_\_ Mobile/Pager no. \_\_\_\_\_

E-mail address \_\_\_\_\_

I wish to apply for the Exit Assessment in Orthopaedic Rehabilitation commencing on .....

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: APPLICATION FORMS / DOCUMENTS / CERTIFICATES BY FAX WILL NOT BE  
ACCEPTED.**

## RECORD OF TRAINING

1. Minimum of twelve months' training in an approved post in Basic Orthopaedic Rehabilitation :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

2. Minimum of twelve months' hands on training in Advanced (Post-fellowship) Orthopaedic Rehabilitation (including Spinal Cord and Amputees) :

Hospital	From (dd/mm/yy)	To (dd/mm/yy)	Name of Supervisor	Signature & Official Chop of Hospital

3. Attendance in Seminars and Workshops organized by the HKCOS:

Date	Topic	Training Points

# REQUIREMENTS

**Dissertation on a Chosen Project with Direct Supervision from an Orthopaedic Rehabilitation Subspecialty Trainer**  
(provide photocopy)

Title of dissertation \_\_\_\_\_

Supervision of dissertation \_\_\_\_\_

Name of author(s) \_\_\_\_\_

\_\_\_\_\_

## CHECK LIST OF ASSESSMENT REQUIREMENTS

To be completed by the Orthopaedic Rehabilitation Subspecialty Trainer of the trainee.

I confirm that \_\_\_\_\_ is a rehabilitation trainee of my department. His relevant training requirements are listed below: (Please tick [☐])

- |  | Yes<br>[ <input type="checkbox"/> ] | No<br>[ <input type="checkbox"/> ] |
|--|-------------------------------------|------------------------------------|
| 1. He/She is currently a registered medical practitioner of the Medical Council of Hong Kong.  | [ <input type="checkbox"/> ]        | [ <input type="checkbox"/> ]       |
| 2. He/She has successfully completed 2 years of Orthopaedic Rehabilitation Subspecialty Training of which at least one year must be taken after obtaining the Fellowship of the HKCOS. | [ <input type="checkbox"/> ]        | [ <input type="checkbox"/> ]       |
| 3. He/She has acquired satisfactory attendance in seminars and workshops organized by the HKCOS.   | [ <input type="checkbox"/> ]        | [ <input type="checkbox"/> ]       |
| 4. He/She has undertaken one dissertation on a chosen project with direct supervision from an Orthopaedic Rehabilitation Subspecialty Trainer.   | [ <input type="checkbox"/> ]        | [ <input type="checkbox"/> ]       |
| 5. He/She has acquired the necessary number of Training Points required by the HKCOS.  | [ <input type="checkbox"/> ]        | [ <input type="checkbox"/> ]       |
| 6. Remarks (mandatory if any of the above is “No”)   |                                     |                                    |

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I would like to recommend him/ her to sit for the coming Exit Assessment in Orthopaedic Rehabilitation organised by The Hong Kong College of Orthopaedic Surgeons.

\_\_\_\_\_  
Name of Orthopaedic  
Rehabilitation Subspecialty Trainer

\_\_\_\_\_  
Signature of Orthopaedic  
Rehabilitation Subspecialty Trainer

\_\_\_\_\_  
Date