香 港 危 重 病 護 理 學 院

Hong Kong College of Critical Care Nursing (HKCCCN)

An Academy College of The Hong Kong Academy of Nursing (HKAN)

L GI, School of Nursing, Princess Margaret Hospital 232 Lai King Hill Road, Lai Chi Kok, Kowloon, HK

Website: www.hkcccn.org E mail: hkcccn@yahoo.com

Associate Membership Application Form

Appendix 2.1.

IMPORTANT NOTES TO APPLICANTS:

1. **The application form should be typed or legibly written and circle* as appropriate. The College will not process any incomplete application.**
2. **Please use separate sheet(s) for details if necessary.**
3. **All information given in this form will be treated STRICTLY CONFIDENTIAL.**

Title: * Ms./ Mr./ Mrs. Surname: _______________ Given Name:_________________

Name in Chinese: ___________________ Sex: * F / M

HKID No.: ____________________ (Please enter the first 4 alpha-numeric character eg. A123)

Job Title: ____________________

Correspondence Address: ____

____

Contact: Mobile Tel. no.: ____________________ Office Tel. no.: ____________________

E-mail Address: ____________________________

Part I – Eligibility to apply for an Associate Membership

Please put a "√" in the following criteria to ensure all are met.

☐ Possess of a valid RN Practicing Certificate issued by Hong Kong Nursing Council.

☐ Practice in an Intensive Care Setting at the time of application.

☐ Recommended by Two Fellows of HKCCCN.

☐ Completed mandatory 100 CNE hours of theoretical input.

☐ Completed a mandatory 2-year Preceptorship Program in applicant's workplace includes:-

- Orientation
- Review of Knowledge and Skill
- Clinical competencies expected of the applicant

Part II - Detailed Information for Part I

Practicing Certificate	Registration No. :	Valid till : (dd/mm/yy)
Working Hospital	Department / Hospital :	Since : (mm/yy)
Fellow Recommendation	Name of HKCCCN Fellow: Print: Signature : ______________________ Contact Tel.: ____________________ e-mail Address: __________________	Name of HKCCCN Fellow: Print: Signature : ______________________ Contact Tel.: ____________________ e-mail Address: __________________

PRACTICE VERIFICATION: The following is the contact information of my clinical supervisor / a professional associate who can verify that I am currently working in an Intensive Care setting.

Verifier's Name: ______________________________

Verifier's Contact Tel. No. ______________________

I enclose herewith a crossed cheque of HK$200 with cheque No.________________ of __________________________ Bank
payable to "**Hong Kong College of Critical Care Nursing Limited"** as the Annual Membership fee.

Note: Please mail this completed application form together with the crossed cheque to:

Administrative Office,
Hong Kong College of Critical Care Nursing Limited,
Room 6, LG1, School of Nursing,
Princess Margaret Hospital,
232 Lai King Hill Road,
Lai Chi Kok,
Kowloon, Hong Kong.

______________________________ ______________________________

Signature of Applicant Date

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FOR OFFICE USE

Application for Associate Membership

Reviewed by Administrative Committee

☐ Accepted ☐ Not accepted

Signature: ______________________

Name: ______________________

Date: ______________________

2nd Reviewed by the President or delegate

☐ Accepted ☐ Not accepted

Signature: ______________________

Name: ______________________

Date: ______________________