



APPLICATION FOR ORDINARY MEMBER

I. Personal Particulars

** Please type or complete the form in BLOCK LETTERS and circle as appropriate*

Title: * Ms /Mr /Mrs Surname: _____ Given Name: _____

Name in Chinese: _____ Sex * F / M

Job Title: _____

Present Working _____

HK ID No.:

				X	X	X	()
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 First 4 digits of your HKID No.

Correspondence Address: _____

Contact: Mobile Phone _____ Office: Tel. No.: _____

Email Address: _____

Expiry Date of Practising Certificate: _____ (DD/MM/YY)

Registration No. of Registered Nurse* / Midwives* Certificate Issued by Nursing / Midwives Council of Hong Kong: RN _____ RM _____

II. Academic and Professional Qualifications

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

	Course / Program Title	Training Institution / country	Qualification Obtained / Year
A. Nursing related Academic & Professional Qualifications	1.		
	2.		
	3.		



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B. Related Specialty Training	1.		
	2.		
	3.		

III. Post-registration Working Experience in Nursing Relevant to Application

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

Position	Specialty / Department	Working Institution / Hospital	Month / Year
1.			
2.			
3.			
4.			
5.			

SUPPORTIVE DOCUMENTS (Mandatory)

** Delete as appropriate*

I enclose the following documents to support my application:

- (1) *certified true copy of a valid RN / RM Registration certificate
- (2) *certified true copy of a valid RN / RM practicing certificate
- (3) *certified true copy of the certificate of the highest academic qualification
- (4) certified true copy or copies of specialty nursing related certificate(s)
- (5) copy of curriculum vitae
- (6) *evidence of **completed 500 hours of theory in the specialty curriculum**
(refer to Appendix I- Post-registration Certificate Course (PRCC) certificate or University transcript)
- (7) evidence of **completed 250 hours of clinical practice in the related specialty**
(refer to Appendix I- copy of logbook)
- (8) others _____



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DECLARATION

** Delete as appropriate*

1. I hereby declare that I agree to provide the above information to the Hong Kong College of _____ and the information provided in support of this application is accurate to this date.
2. I understand that the information provided herewith will be forwarded to the Hong Kong Academy of Nursing for processing my membership certification examination application.
3. I hereby declare that:
 - 3.1 I *have / have never been convicted of a criminal offence punishable with imprisonment (irrespective of whether actually sentenced to imprisonment) in Hong Kong or elsewhere.
HKAN-MEM003-V3 (12/20)
 - 3.2 I *have / have never been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere.
4. 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.

Signature of Applicant

Date

You are eligible to apply for the 'Ordinary Membership' after showing satisfactory performance at admission interview conducted by the related Academy College

Referee

Referee 1 (Professionally Affiliated)

Name: _____ **Position:** _____
Signature: _____ **Hospital / Institution:** _____
Contact phone no.: _____ **Fellowship No:** _____
Email Address: _____

Referee 2 (Professionally Affiliated)

Name: _____ **Position:** _____
Signature: _____ **Hospital / Institution:** _____
Contact phone no.: _____ **Fellowship No:** _____
Email Address: _____



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I enclose herewith a crossed cheque for **HK\$ 800** with cheque no. of _____ Bank to be payable to **Hong Kong College of Critical Care Nursing Limited** as the examination fee. (*examination fee is non-refundable once you are accepted for the examination*)

Please mail this application form with a crossed cheque of **HK\$ 800** and the supportive documents to **The Hong Kong College of Critical Care Nursing Limited**.