



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 G1, 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

**Advanced Practice Critical Care Nurse
(APCCN) Certification Examination**

Appendix 13

“Membership Examination” Application Form

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

Job Title: _____

HKID No : _____ (Please enter the first 4
alpha-numeric characters e.g.A123)

Correspondence
Address : _____

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

Part I - Eligibility to sit APCCN Certification Examination

The applicant should put a √ in the following criteria to ensure all are met

- Holder of a valid RN Practicing Certificate issued by the HK Nursing Council.
- Has worked in an Intensive Care setting for at least 5 years in the most recent 6 years
- An associate member of HKCCCN who can provide evidence of supervised training in an Intensive Care setting (in the form of Basic Training Log Book – 90% signed) to demonstrate that the core contents stipulated by HKCCCN are covered.
- Has successfully completed a recognized critical care nursing programme and provided the charting of the Intermediate Training Log Book.



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- Has completed a minimum of 2,000 clinical practice hours in an accredited training site within the previous 3 years, of which 1,000 hours accrued in the most recent one year preceding the application
- Holder of a Master Degree in Nursing or related practice.
- Able to produce the signed Higher Training Log Book.

Part II – Detailed Information for Part I

Associate membership	HKCCCN Associate Membership No :	
Practicing Certificate	Registration No. :	Valid till : (dd/mm/yy)
Recognized Post Registration Critical Care Nursing Program	Award of the Program :	Organizer :
Master Degree in Nursing or related practice	Master Program Title: Year Completed :	University :
Working Hospital	Department / Hospital :	Since : (mm/yy)
A minimum of 2,000 hours of direct patient care in an accredited training site within the previous 3 years, of which 1,000 hours accrued in the most recent one year preceding the application		
Verified by HKCCCN Fellow:		
Full Name _____ Signature _____		

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

Verifier's Contact Tel. No.: _____

Verifier's e-mail Address: _____



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I enclose herewith a crossed cheque of HK\$1000 with cheque No. _____ of _____ Bank payable to **Hong Kong College of Critical Care Nursing Limited** as the examination fee.

Note: Please mail this completed application form, together with:

a) the Honor Statement; b) supporting documents; and c) 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.

Supporting documents to be provided:

- 1 - Copy of Practicing Certificate
- 2 - Copy of Certificate of a Recognized Critical Care Program
- 3 - Copy of Certificate of Master Degree
- 4 - Copy of Signed Basic Training Log Book
- 5 - Copy of Signed Intermediate Training Log Book
- 6 - Copy of Signed Higher Training Log Book

Signature of Applicant

Date

FOR OFFICE USE

APCCN Certification Examination Application

1st Review - by Administrative Committee

Accepted Not accepted

Signature : _____ Name : _____, Date: _____

2nd Review - by the Accreditation and Examination Committee

Accepted Not accepted

Signature): _____ Signature : _____

Name : _____ Name : _____

Date: _____ Date: _____



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HONOR STATEMENT

Complete and submit with the application form. Please print clearly.

Processing will be delayed if this statement is incomplete or illegible

NAME: (Surname) _____ (Given Name) _____

HKCCCN Associate Membership No.: _____

I hereby apply for the Advanced Practice Critical Care Nurse (APCCN) Certification Examination offered by Hong Kong College of Critical Care Nursing (HKCCCN). I have read and understand the examination eligibility requirements, and acknowledge that certification depends upon successful completion of the specified requirements.

I possess a valid Hong Kong Registered Nurse practicing certificate which is due to expire on _____ (date).

I am/am not currently the subject of any on-going disciplinary proceeding(s) by any professional body in HK or elsewhere. I understand that I must notify HKCCCN within 30 days if any disciplinary action is taken against my RN registration in the future.

PRACTICE: I have fulfilled the clinical practice hour requirements of 2,000 hours of direct bedside care of acutely and/or critically ill patients in the intensive care setting as Registered Nurse within the previous 3-year period, with 1,000 hours accrued in the most recent one year preceding this application.

PRACTICE VERIFICATION: The following is contact information of my clinical supervisor or a professional associate who verified that I have met the clinical hour eligibility requirements:

Verifier's Name: _____ Facility Name: _____

Verifier's Phone Number: _____ Verifier's Correspondence Address: _____

ETHICS: I understand the importance of ethical standards and agree to act in a manner congruent with the *Code of Professional Conducts and Code of Ethics for Nurses in Hong Kong developed by the Hong Kong Nursing Council*.

AUDIT: I understand that my information supplied is subject to audit and failure to respond to a request for further information may be a sufficient cause for HKCCCN to refuse me from attending the examination, invalidate the results of my examination, withhold certification, revoke certification or take another appropriate action(s) as necessary.

NON-DISCLOSURE OF EXAMINATION CONTENT: My signature on this form indicates my agreement to keep the contents of the examination confidential and not disclose or discussed with anyone except HKCCCN. By complying with and enforcing this obligation, I help maintain the integrity of the APCCN Certification Examination and the value of its certification credentials.

To the best of my knowledge, the information contained in the application is true, complete, and correct and is made in good faith. I am aware that the information acquired in the certification process may be used for statistical purposes and for evaluation of the certification program.

Applicant's Signature: _____ Date: _____

This form may be photocopied and is also available online at www.hkcccn.org