



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, PMH, 232 Lai King Hill Road, Lai Chi Kok, Kln, HK. Website: www.hkcccn.org E-mail: hkcccn@yahoo.com

I, _____ Fellow Membership No.: _____

Fellow Member of the Hong Kong College of Critical Care Nursing

is applying for renewal of Fellow Membership for the Year April 2016 to March 2017.

I declare that there are:

- a valid Practising Certificate issued by The Nursing Council of Hong Kong
- no change in application to be Fellow Membership submitted previously, or
- changes in the followings
 - job title _____
 - specialty /hospital _____
 - correspondence address _____
 - email address _____
 - others, please specify: _____

I hereby declare that the above information is accurate to this date and I agree to provide the above information to Hong Kong College of Critical Care Nursing (HKCCCN) and the Hong Kong Academy of Nursing in support of this application. I understand that it is my responsibility to inform HKCCCN for any change of the submitted information. The College will not be responsible for any issues arising as a result of my failure to inform the College.

Please be informed that the "Fellow Membership" status would be removed if an annual subscription is not received and the individual will not be allowed to use the designated title. After the removal of the Fellow status, the individual would need to follow the same application process required to those applications after 2014. All applications after 2014 would need to go through examinations, granting of Membership then Fellowship.

I enclose herewith a crossed cheque for **HK\$1,500** with cheque no. _____ of _____ Bank to be payable to **Hong Kong College of Critical Care Nursing Limited** as the annual membership fee from 1 April 2016 to 31 March 2017.
 (Deadline for return of renewal application: before 31 March 2016)

Note: Please mail this renewal application form together with the crossed cheque to:
 Administrative Office, **Hong Kong College of Critical Care Nursing Limited**,
 LG1, School of Nursing, Princess Margaret Hospital,
 232 Lai King Hill Road, Lai Chi Kok, Kowloon, Hong Kong.

 Signature of Applicant Date

FOR ACADEMY COLLEGE USE

Endorsed by
 Signature _____ Block Letters _____ Date _____
 (President)

* Delete as appropriate