**Personal Particulars**

Surname: Given name: Title:\* Ms/Mr/Mrs/Dr/Prof

Chinese name: Sex:\*M/F HK ID No.:

Correspondence address:

Email Address:

Contact phone number Mobile: Office: Home:

Job Title: Organization/Department:

Reg. No. of RN issued by Nursing Council Hong Kong: \_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date of Practising Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hong Kong College of Cardiac Nursing (HKCCN) Associate Member No.:

**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. |  |  |
| B. Related Specialty Training  | 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**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.  |  |  |  |

**Declaration**

***\* Delete as appropriate***

1. I hereby declare that I agree to provide the above information to the Hong Kong College of Cardiac Nursing 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.

3.2 I \*have / have never been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere.

1. 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

**Please check the list for documents to be included**

|  |  |
| --- | --- |
| 🞏 | Certified true copy of a valid RN / RM Registration Certificate issued by Nursing Council of Hong Kong |
| 🞏 | Certified true copy of a valid RN / RM Practicing Certificate issued by Nursing Council of Hong Kong |
| 🞏 | Certified true copy of the certificate of the highest academic qualification |
| 🞏 | Certified true copy of copies of specialty nursing related certificate(s) |
| 🞏 | Copy of curriculum vitae |
| 🞏 | Evidence of completed 500 hours of theory in the specialty curriculum (\*appendix I) |
| 🞏 | Evidence of completed 250 hours of clinical practice in the related specialty (\*appendix I) |
| 🞏 | Others, please specify: |

**Application form and documents should be sent to:**

Administrative Office, Hong Kong College of Cardiac Nursing,

Unit 4-5, 6th Floor, Nan Fung Commercial Centre,

19 Lam Lok Street, Kowloon Bay, Kowloon

**Appendix I**

**Relevant information of 500 Theoretical hours**



*\* The advanced practice certification program should be attained through: Structured courses at*

 *post-graduate level (60-100%) and structured courses provided by specialty Course Providers (0-40%)*

**Relevant information of 500 hours Clinical Experience**

1. 250 clinical hours should be accomplished within a 4 years’ time span.
2. The experience can be of 100% guided clinical practice or with some (at most 50%) in work placement situations, as follows:

2.1) 50% - 100% supervised practice

2.2) 0% - 50 % work placement

1. Guided clinical practice refers to the experience in which there is an on-site designated appointed mentor who is an **Academy Fellow in current practice**.
2. Work placement experience is the situation in which there is no on-site designated appointed mentor. However, the experience is recognized as a learning component with explicit learning objectives and evidence of learning assessed by a recognized supervisor/mentor.

The evidence of learning can compose one or more of the following outputs:

* Case studies
* Student portfolio (learning progress review)
* Reflective paper
* Practice project
* Group project (should compose less than 10% of the total marks)