**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) Ordinary Member No.:

**Academic Qualification and Professional Achievement (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. |  |  |

**Professional Experience in Nursing related job (in descending chronological order):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Specialty / Department** | **Working Institution / Hospital** | **Month / Year** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**Significant contributions to Nursing Profession**

**(Maximum 3 most significant ones in each item: at least one in any two items):**

1. ***In leadership position of specialty-related activities e.g. in-charge of service or project, or leaders of clinical teams***

|  |  |  |
| --- | --- | --- |
| **Position** | **Activity Title** | **Period / Year** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

1. ***Invited member in local, national and/or international initiatives e.g. Council Member; invited member of conference / seminar Organizing committee or invited panel member of professional bodies***.

|  |  |  |
| --- | --- | --- |
| **Position** | **Activity Title** | **Period / Year** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

1. ***Demonstrated contributions in nursing practice and service development e.g. being a specialty mentor, speaker, facilitator, moderator, coordinator or organizer in specialty related training and development programs; or paper submission on innovative nursing practice.***

|  |  |  |
| --- | --- | --- |
| **Position** | **Activity Title** | **Period / Year** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
|  |  |  |

1. ***Others Contributions :***

|  |
| --- |
|  |

**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 below for documents to be included**

|  |  |
| --- | --- |
| 🞏 | Certified true copy of valid RN / RM registration certificate issued by Nursing Council of Hong Kong |
| 🞏 | Certified true copy of a RN / RM practicing Certificate issued by Nursing Council of Hong Kong |
|  | Certified true copy of HKAN Certificate of Ordinary Membership |
| 🞏 | Certified true copy of copies of specialty nursing related certificate(s) |
| 🞏 | Certified true copy of certificates and of the highest academic qualification |
| 🞏 | Certified true copy of proof of passing the certificate examination |
| 🞏 | Certified true copy of specialty nursing related certificate(s) |
| 🞏 | Copy of curriculum vitae |
| 🞏 | Evidence of completed additional 250 hours of guided clinical practice in the related specialty, together of the completed specialty logbook |
| 🞏 | Completed record of achieved 60 CNE points of a 3-years CNE cycle which include 45 CNE points are cardiac specialty related |
| 🞏 | A crossed cheque of HK$1,000 (non-refundable) as the examination fee  (payable to Hong Kong College of Cardiac Nursing Limited) |
| 🞏 | 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