

# Hong Kong Institution of Physicists in Medicine 香港醫學物理學院

# **Application for Part I Certification Examination**

## **Personal and Contact Details**

| HKIPM Membership Number:  |                      |                 |
|---|----------------------|-----------------|
| Surname:  | Given Name:          |                 |
| Email Address:  | Contact Phone Number | <u>.</u>        |
| Corresponding Address:  |                      |                 |
| Academic Qualifications (Master's or Doctoral Degree)   |                      |                 |
| □ Master's Degree □ Doctoral Degree   |                      |                 |
| Discipline:   |                      |                 |
| Institution:  |                      |                 |
| Declaration by Applicant  |                      |                 |
| I declare that all information given in this application and in the attached supplementary documentations if any is true and correct to the best of my knowledge. |                      |                 |
| Signature:  | Date:                |                 |
|   |                      |                 |
| For Official Use Only   |                      |                 |
| Date of Receipt:  |                      |                 |
| Application Form  | □ Complete           | □ Incomplete    |
| Supplementary Documents - Academic  | Proof  Submitted     | □ Not Submitted |

Remarks:

□ Submitted □ Not Submitted

□ Declined

□ Accepted

Candidate Number:

HKIPM Part I Certification Examination 2025 - Application Form

**Application Fee** 

**Application Status** 

### **Notes for Applicants**

### **Date of Examination:** 30<sup>th</sup> August, 2025

**Time:** 2:00 pm to 5:00 pm

Venue: Room 801, 8/F, 3 Tung Wong Road, A Kung Ngam, Shau Kei Wan, Hong Kong

#### **Application Deadline:** 11<sup>th</sup> August, 2025

#### Format of Examination:

Please refer to 'Guide to Candidate and Syllabus' which can be downloaded from HKIPM website (<u>www.hkipm.org</u>).

#### **Requirements:**

- (a) Candidates applying for Certification Examination shall be a member of HKIPM.
- (b) Candidates applying for sitting in Part I Certification Examination shall have an advanced degree (master's degree or doctoral degree) in physics, medical physics or an equivalent degree in an appropriate physical or engineering science discipline.
- (c) Professional training is not required.

#### Examination Fee: HKD 2000.

(a) The application fee is non-refundable when the application is accepted. Should the application be declined, the paid amount shall be refunded to the applicant.

#### **Application Procedures:**

- (a) Application forms can be downloaded from HKIPM website (<u>www.hkipm.org</u>).
- (b) A crossed cheque made payable to 'Hong Kong Institution of Physicists in Medicine' for the examination fee shall be submitted together with the application form.
- (c) Documentary proof of academic qualifications is required.
- (d) Completed application form with documentary proof and a cheque for the examination fee shall be submitted to the Secretary of HKIPM:

Dr. Kimi YANG, c/o Medical Physics Department, HKSH Eastern Medical Centre 3/F, 3 Tung Wong Road, A Kung Ngam, Shau Kei Wan, Hong Kong.

- (e) Application should reach the Secretary of HKIPM on or before the application deadline. Late applications will not be accepted. Postmark date on the envelope will be regarded as the application date.
- (f) The Certification Board of HKIPM shall have absolute power and discretion in deciding upon any application for taking part in the Certification Examination and its decision shall be final, and it shall not be bound to give any reason for its decision.
- (g) For enquiries, please contact HKIPM Secretary Dr. Kimi YANG at 'secretary@hkipm.org'.