



# Hong Kong Institution of Physicists in Medicine

## Application for Part I Certification Examination

(Please write clearly, using black ink and capital letters)

### Personal and Contact Details

HKIPM Membership Number: .....

Surname: ..... Given Name: .....

Email Address: .....

Contact Phone Number: .....

### Declaration by Applicant

I declare that all the information given by me in this application and in the attached supplementary documentations if any are true and correct to the best of my knowledge.

Date: ..... Signature: .....

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### Official Use ONLY (Please '√' as appropriate)

Application Received Date: .....

All Documentations Completed: ☐ Yes ☐ No

Supplementary Documents Received: ☐ Yes ☐ No

Application Fee Received: ☐ Yes ☐ No

Application Status: ☐ Approved ☐ Declined

Remarks: .....

## Notes for Applicant

**Date of Examination** : 12<sup>th</sup> July, 2014.

**Time** : 2:00pm to 4:30pm

**Venue** : To be announced.

**Application Deadline** : 10<sup>th</sup> June, 2014.

### Format of Examination:

Please refer to 'Guide to Candidate and Syllabus' which can be downloaded from HKIPM website ([www.hkipm.org](http://www.hkipm.org)).

### Requirements:

The applicant shall be a member of HKIPM.

### Examination Fee:

- (a) \$2000.
- (b) The application fee is non-refundable when the application is accepted. Should the application be not accepted, the paid amount will be refunded to the applicant.

### Application Procedures:

- (a) Application for Certification Examination shall be made using the appropriate application form and received by HKIPM before the application deadline. The application deadline is indicated in the above. Application form can be downloaded from the HKIPM website.
- (b) The Medical Physicist 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 obliged to give any reason for its decision.
- (c) A crossed cheque made payable to 'Hong Kong Institution of Physicists in Medicine' for the amount as specified by HKIPM shall be submitted together with the application form.
- (d) Completed application form with the exact amount of examination fee shall be sent to the Secretary of HKIPM at the address below:

Ms. Yick Wing HO,  
The Secretary,  
Hong Kong Institution of Physicists in Medicine,  
c/o Medical Physics & Research Department,  
8/F, Li Shu Fan Block,  
2 Village Road, Hong Kong Sanatorium & Hospital,  
Happy Valley, Hong Kong.

- (e) For any enquiries, please send email to 'rubyho@hkipm.org'.