

Fellowship Examination of the Hong Kong Society of Sleep Medicine 2025

APPLICATION FORM

1. Personal details (in block letters):

Name (English): _____

Name (Chinese): _____

Gender: _____

Address: _____

Tel: _____ Email: _____



2. Professional qualification:

Fellow of _____ since _____

Specialist registration number under Hong Kong Medical/Dental Council _____

3. Education and Training Qualifications

Institution	Qualification Obtained	Year

4. Membership in Professional and Academic Societies

Organization	Rank / Title / Position	MM/YYYY

5. Relevant working experience in sleep medicine (3 years minimum):

Hospital / Centre	From (MM/YYYY)	To (MM/YYYY)

6. I wish to participate in the Sleep Medicine Examination in Nov 2025 (Examination fee HKD2000) *Cheque should be payable to “The Hong Kong Society of Sleep Medicine Limited”

7. I declare that I have

- been a member of the Hong Kong Society of Sleep Medicine for over 3 years and being an active member for at least 1 year
- (select one)
 - completed training of 6 months or longer as full-time in sleep medicine unit; OR
 - completed training of 1 year or longer in a fellowship program, of which at least 50% consisted of sleep medicine training at a centre with proper sleep medicine facility and guidance; OR
 - at least 5 years of involvement in the clinical practice in sleep medicine, sleep education, or sleep research. For each of the 5 years, sleep medicine comprised at least 20% of the involvement
- personally managed at least 100 patients with sleep disorders, and interpreted at least 50 sleep studies

Signature of applicant

Date

(Please send the application form along with the cheque to Dr Joan Wan, Department of Oral & Maxillofacial Surgery, Queen Mary Hospital, 102 Pok Fu Lam Road, Hong Kong, on or before 06 Feb, 2025.)