

2019(FS)

香港醫務委員會
2019 年執業資格試 (第一次考試)
MEDICAL COUNCIL OF HONG KONG
2019 LICENSING EXAMINATION (FIRST SITTING)

表格 3
Form 3

申請豁免
Application for Exemption

<input type="checkbox"/> 第一部分: 專業知識 Part I: Professional Knowledge	<input type="checkbox"/> 第二部分: 醫學英語 Part II: Medical English	<input type="checkbox"/> 第三部分: 臨床考試 Part III: Clinical Examination
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本申請表必須與表格 1 或表格 2 同時遞交。 This form must be submitted together with Form 1 or Form 2.

考生編號 (如有) Candidate Number (if any)	ULE		
姓名 Name (須與香港身份證/護照相同) (Must match HKID/Passport)	/		
香港身份證號碼 HKID Card No.	(香港居民適用 for Hong Kong residents)	護照號碼 Passport No.	(非香港居民適用 for non-Hong Kong residents)

(1) 申請豁免資格試第一部分 Application for Exemption from Part I of the Licensing Examination

- 本人現申請豁免應考第一部分全卷，因本人就**所有**學科均擁有**相當**的執業經驗:- (注意：此卷不設部份豁免)
I apply for exemption from the full paper of Part I, as I have **SUBSTANTIAL** experience of practice in **ALL** disciplines:- (Note: No partial exemption from this paper.)

學科 Discipline	*從未不及格 *Never failed	**10 年經驗 **10 Years Experience	***日期及機構 ***When and Where
<input type="checkbox"/> 基本科學 Basic Sciences	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 內科學 Medicine	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 精神科學 Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	_____

(3) 申請豁免資格試第三部分 Application for Exemption from Part III of the Licensing Examination

本人現申請豁免應考第三部分下列科目，因本人就有關學科擁有**相當**的執業經驗:-
I apply for exemption from the following discipline(s) in Part III, as I have **SUBSTANTIAL** experience^(Note 1) in the relevant discipline(s):-

學科 Discipline	*with specialist qualification *持有專科資格	**從未不及格 **Never failed	***6年經驗 ***6 Years Experience	****日期及機構 ****When and Where
<input type="checkbox"/> 內科學 Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<input type="checkbox"/> 外科學 Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<input type="checkbox"/> 婦產科學 Obstetrics & Gynaecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<input type="checkbox"/> 兒科學 Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
* 相當於香港醫學專科學院的專科資格		* Comparable to a Fellowship of the Hong Kong Academy of Medicine		
** 指任何執業資格試		** In any qualifying/licensing examination		
*** 只包括執業經驗		*** Post-registration experience only		
**** 列出詳情(另頁)及呈交證明文件		**** Provide details (in separate sheet) and documentary proof		

Note 1: Substantive experience in the relevant discipline(s) refers to experience comparable to Fellowship of The College of Surgeons of Hong Kong, Hong Kong College of Physicians, The Hong Kong College of Obstetricians and Gynaecologists, and Hong Kong College of Paediatricians.