

2025(FS)

香港醫務委員會

2025年執業資格試(第一次考試)
THE MEDICAL COUNCIL OF HONG KONG
2025 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 1A/1B 或表格 2 同時遞交。 This form must be submitted together with Form 1A/1B 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)	_____ (Family name) / _____ (Given name) _____ Chinese name (if applicable) 中文 (如有)		
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院士的專科資格
(遞交附錄A)

** 指任何執業資格試

*** 只包括執業經驗

**** 列出詳情(另頁)及呈交證明文件

* Comparable to a Fellowship of the Colleges under the Hong Kong Academy of Medicine (**submit Appendix A**)

** In **any** qualifying/licensing examination

*** Post-registration experience **only**

**** 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.

* Applicants must submit the attached **Appendix A** which should be completed by the Colleges under the Hong Kong Academy of Medicine in the relevant discipline(s).

To: Secretary, Licentiate Committee
The Medical Council of Hong Kong
4/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen
Hong Kong

CERTIFICATE OF SPECIALIST QUALIFICATION

This is to certify that _____ (Full Name), holder of HKID Card /
Passport No. _____ has a specialist qualification **comparable** to a
Fellowship of the _____ (Name of College)
under the Hong Kong Academy of Medicine.

Official Stamp of College

Signature: _____

Name of officer: _____

Name of College: _____

Date: _____