



Application No. _____

CLINICAL NURSE SPECIALIST
Application for Accreditation

I. Personal Particulars:			
Name _____ (Mrs., Mr., Ms., Miss)			
Surname	Other names	Name in Chinese	
Date of Birth _____	I.D. Card No. _____	Tel. No. _____ (Res)	
Correspondence Address _____			Tel No. _____ (Off)
II. Membership:			
Registration of Nursing Council of Hong Kong (Please enclose photocopy)			
Date of Registration _____		Certificate No. _____	
Member of College of Nursing, Hong Kong: <input type="checkbox"/> No <input type="checkbox"/> Yes, since _____			
Other membership of Professional Bodies:			
Position	Organization	From	To
III. Education: (Post-secondary School)			
Schools, Colleges, Universities, etc	Award obtained	From	To

IV. Academic/Professional qualifications: (Please use separate sheet if space is inadequate)			
a. Professional Qualifications Held	Issuing Authority	Subject passed and Level attained	Date Obtained (Month/Year)
V. Clinical Experience: (Please cover the recent five years only)			
Name of Organization /Department	Position	From	To
VI. Publications: (Please use separate sheet if space is inadequate)			
Date (Month/Year)	Name of Article/Name of Book or Magazine/Publisher		
VII. Application for Accreditation in the Nursing Specialty of _____			
VIII. Two Referees			
Name	Post & Employing Institution	Contact Address	Contact No.
IX. Declaration:			
I declare the above information is true.			
_____		_____	
Signature		Date	

College of Nursing, Hong Kong
12/F & 13/F., Hyde Centre, 221 Gloucester Road, Wanchai, Hong Kong
Tel: 2572 9255 Fax: 2838 6280

Verification of working experience

This is to certify that _____ (Name of candidate) has been
working (Full time/ Part time*) in _____ (Area of specialty) of
_____ (Name of Hospital / Organisation) for
_____ year (s) since _____ (Starting date).

Signature : _____

Name : _____

Designation : _____

Contact No. : _____

Date : _____

Notes: *Please delete as appropriate. If working part-time, please specify the number of
hours below:

He / She is working _____ hours per week / month*.