Hong Kong Society of Certified Prosthetist-Orthotists
香港義肢矯形師學會

APPLICATION FOR ADMISSION (FULL MEMBER)	For Office Use only Application No.:

Notes to Applicant:

A. Please send completed application form together with the following documents to the Hon. Secretary of the HKSCPO.

1. Photocopies of certificate/diploma/degree and relevant transcripts
2. A photocopy of your HKID card
3. A crossed cheque of $200 for the non-refundable Application Fee payable to "Hong Kong Society of Certified Prosthetist-Orthotists"
4. A reference letter written by a recognized clinical supervisor regarding your Prosthetics and/or Orthotics clinical experience
5. Soft copies of Documentary proof of your recognized clinical experience

B. Please refer to the Membership Application Guidelines obtained from www.hkscpo.org for details.

C. Other clinical experience will also be considered.

MEMBERSHIP APPLIED	
☐ Certified Prosthetist-Orthotist (HK)	CPO(HK) or
☐ Certified Prosthetist (HK)	CP(HK) or
☐ Certified Orthotist (HK)	CO(HK) or/and
☐ Application for ISPO Graduate Certificate via HKSCPO (Grad. Year after 2005)	

PERSONAL PARTICULARS				
Name (English)				PHOTO
Name (Chinese)				
HKID No.		Nationality		
Date of Birth		Sex	☐ M ☐ F	
Mobile Tel. No.		Office Tel. No,		
E-mail Address			Fax No.	
Mailing Address				
Employer				
Office Address				

POST SECONDARY EDUCATION AND ACADEMIC QUALIFICATION (in chronological order)					
Date (mm/yy) From	To	Name of Institution	Qualification	Full-time/ Part time	Date of Award (mm/yy)

PROFESSIONAL QUALIFICATION / MEMBERSHIP			
Name of Association / Professional Institution	Professional Title	Means of Attaining: X = by examination E =by Election S = by Subscription	Date Conferred (mm/yy)

POST-GRADUATE WORKING EXPERIENCE (in chronological order)					
Date (mm/yy) From	To	Name of Employer / Organization	Post	Full-time/ Part time	Major Duties

PROPOSER & SECONDER							
	Name	Professional Qualification	Organization	Rank	HKSCPO member	Signature	Date
Proposer					Yes		
Seconder					Yes		

DECLARARTION

I declare that:

I understand that all information provided will be used for the purposes relating to my application for HKSCPO Membership, and ISPO Graduate Certificate (if applicable), in accordance with the certification procedures of the HKSCPO and ISPO, and will become part of my membership record upon my admission to the Society. My information submitted will be destroyed if my application is unsuccessful.

The information given in support of this application is accurate and complete. I am aware that the HKSCPO reserves the right to cancel my application or membership at anytime if any of the information given in this application is found untrue.

Signature of Applicant: _____ Date: _____