



**THE HONG KONG COLLEGE OF RADIOGRAPHERS AND RADIATION THERAPISTS  
APPLICATION FORM - ACCREDITATION OF QUALIFICATIONS**

**Application for:**    Associate member    Member    Fellow

(Please read the explanatory notes attached before filling this form. Please tick at the appropriate box)

**Name of Applicant:** \_\_\_\_\_ **Title:** Miss / Mr / Mrs / Ms / Dr / Prof

**Registration Number of the Hong Kong Radiographers Board:** \_\_\_\_\_

**Area of Specialty:**    CT    MRI    Mammography    Medical Imaging Informatics  
 Angio/IR/FL    Ultrasound    Medical Dosimetry  
 NM    Radiotherapy Verification    ~~Radiotherapy Counselling~~  
 Diagnostic Radiography (DR)    Radiotherapy (RT)

(Please tick at the appropriate box)

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Institution/Hospital:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**1. Qualification(s) proposed to be recognised:**

Name of Qualification*	Abbreviation	Date Obtained (mm/yyyy)	Assessment Method(s)	Awarding Institution

*\*Please attach copies of syllabus and certificates of the qualifications*

**2. Main clinical experience:**

Area(s) of clinical experience	Duration (years)	Competency requirement(s)	Institution(s) where the clinical experience was gained

**3. Publications in recent 5 years:** *(attach extra sheet if required)*

Please enter below in chronological order *(most recent one on top)*:

**4. Other related achievements with dates (e.g. awards):**

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**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_