The Hong Kong College of Radiographers and Radiation Therapists

Application Form for Admission of Member of HKCRRT (Interventional Radiology Faculty)

(This form is valid until 31 Dec 2026)

Name of Applicant: _____ Title: Miss / Mr / Mrs / Ms / Dr / Prof

Registration Number of the Hong Kong Radiographers Board: _____

Address: _____

Telephone: _____ **E-mail:** _____

Institution/ Hospital: _____ **Rank:** _____

Qualification(s) proposed to be recognised:

Name of Qualification* _____	Abbreviation: _____
Award Institution: _____	Award Date: _____
Name of Qualification* _____	Abbreviation: _____
Award Institution: _____	Award Date: _____
Name of Qualification* _____	Abbreviation: _____
Award Institution: _____	Award Date: _____

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

Rev 2026

The Hong Kong College of Radiographers and Radiation Therapists

Statement of Clinical Experience in Interventional Radiology

For Admission of Member of HKCRRT

(This form is valid until 31 Dec 2026)

This statement must be completed in full and signed by the applicant and his/her supervisor before it can be processed.

The HKCRRT reserves the right to request the applicant to provide the detailed records of clinical experience.

To be completed by the applicant

Title (circle one): Mr. Mrs. Ms. Dr.

Surname:_____ Given Name: _____

Department: _____ Hospital/Institution: _____

Address:_____

Tel. (Work): _____ Tel. (Mobile): _____ E-mail: _____

I, _____ certify that I have performed the followings:

• 200 IR procedures within a 2-year period and there should have:

- Not less than 50 procedures of vascular IR

- Not less than 50 procedures of non-vascular IR

Signed:_____ Date: _____

Supervisor's Verification

I, _____ supervisor of the above applicant verify that the individual has successfully completed the clinical experience requirement during the time period described above.

Signed:_____ Name: _____ Date: _____

Position: _____ Hospital/Institution: _____

Rev 2026

The Hong Kong College of Radiographers and Radiation Therapists

Statement of Clinical Experience in Interventional Radiology

For Admission of First Batch Interventional Radiographer of HKCRRT

(This form is valid until 31 Dec 2026)

This statement must be completed in full and signed by the applicant and his/her supervisor before it can be processed.

The HKCRRT reserves the right to request the applicant to provide the detailed records of clinical experience.

To be completed by the applicant

Title (circle one): Mr. Mrs. Ms. Dr.

Surname:_____ Given Name: _____

Department: _____ Hospital/Institution: _____

Address:_____

Tel. (Work): _____ Tel. (Mobile): _____ E-mail: _____

I, _____ certify that I have possessed the followings:

- **Not less than 15 years of clinical practice in the specialty of Interventional Radiology; AND**
- **Not less than 5 years of clinical practice as modality in-charge in Intervention Radiology.**

Signed:_____ Date: _____

Supervisor's Verification

I, _____ supervisor of the above applicant verify that the individual has successfully completed the clinical experience requirement during the time period described above.

Signed:_____ Name: _____ Date: _____

Position: _____ Hospital/Institution: _____