

HKMA Certificate Course on Family Medicine

香港醫學會 — 家庭醫學證書課程

Jointly organized by



Hong Kong Medical Association



School of Public Health and
Primary Care, CUHK

Supported By



Queen Elizabeth Hospital

DATE

TOPIC

11 July 2010

1. Common musculoskeletal problems

Dr. CHAN Kwok Wai

Director of Postgraduate Programme in Family Medicine, School of Public Health, The Chinese University of Hong Kong

2. Common eye problems

Dr. NG Chun Kwan, Alan

MB BS (HK), MRCS (Ed), M.Med (Ophth) (Singapore), FC Ophth HK, FHKAM (Ophthalmology), Specialist in Ophthalmology

8 August 2010

1. Common skin problems

Dr. CHUH An Tung, Antonio

MD (HK), MRCP (UK), FRCP (Edin), FRCP (Irel), FHKAM (Family Medicine), Part-time Associate Professor, School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong

2. Applying evidence into chronic illness management

Dr. CHOI Kin, Gabriel

Immediate Past President, The Hong Kong Medical Association

Venue : Lecture Theatre, G/F, Block M, QEH

地點：伊利沙伯醫院 M 座地下演講廳

Time : 2:00–5:00 p.m.

時間：下午二時至五時

CME points: 3

持續醫學進修計劃積分：三分

Fee : HK\$50 per lecture for HKMA Members
HK\$80 per lecture for CME Participants

報名費用：醫學會會員 – 每課堂港幣五十元正

持續進修參加者 – 每課堂港幣八十元正

Light snacks will be provided.

敬備茶點

Certification Requirement: 75% attendance

Registration: Please fill in and return the Registration Form together with a cheque of adequate amount made payable to "The Hong Kong Medical Association" to 5/F Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong **before the date of the function.**

報名方法：請於講課日前填妥表格連同支票寄交香港灣仔軒尼詩道十五號溫莎公爵社會服務大廈五樓支票抬頭請書明支付「香港醫學會」。

First come, first served. 名額有限 請早登記

HKMA Certificate Course on Family Medicine at QEH — Registration Form

香港醫學會家庭醫學證書課程報名表格

I would like to register for the following lecture(s) 本人欲參加下列講課：

QEH			HKMA Member 香港醫學會會員	CME Participants (Non-HKMA member) 持續進修參加者 (非香港醫學會會員)
			HK\$50	HK\$80
	11 July 2010	Family Medicine	<input type="checkbox"/>	<input type="checkbox"/>
	8 August 2010	Family Medicine	<input type="checkbox"/>	<input type="checkbox"/>

I enclose herewith a cheque of
現隨表格附上支票一張作為講課之報名費用：HK\$港幣 _____

Please "✓" as appropriate. 請在適用處加上 ✓ 號

Name 姓名：_____ Tel No. 電話：_____ Fax No. 傳真：_____

HKMA Membership No. 會員編號：

or HKMA CME No. 或進修號碼：_____ Signature 簽名：_____

Data collected will be used and processed for the purposes related to the MCHK/HKMA CME Programme only. All registration fees are not refundable or transferable.
個人資料將用於有關香港醫學會持續醫學進修計劃之事宜。所有報名費用將不給予退還或轉授予其他會員。