Application for Minimally Invasive Surgery Privilege

I. Applicant

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

II. Application of Types of Minimally Invasive Surgery

☐ General Surgery	☐ Cardiothoracic
☐ Gynaecology	☐ Orthopedic
☐ Urology	☐ ENT
☐ Neurosurgery	☐ Others:

III. Experience

Time Period (approximate)	Types of Minimally Invasive / Additional Relevant Procedures	Number of Cases Performed

Remarks (if any): _____

IV. References

(Please provide contacts of **Two** Referees performing minimally invasive surgery and practicing the same specialty as you.)

Doctor	Contact Address / Fax No. / Email Address
Doctor	Contact Address / Fax No. / Email Address

V. Certificate

Please attach related copy of certificate (if any).
Number of Certificate(s) attached herewith: _____

Please return to Medical Affairs Office, 4C La Rue Building, 40 Stubbs Road, Hong Kong, or by email to: medicalaffairs@hkah.org.hk or by fax at 2574 6001.
Thank you for your cooperation.

FOR OFFICE / COMMITTEE MEMBERS USE ONLY

VI. Privilege Status

☐ Accept

☐ Decline

☐ Selective Privilege: _____

Name of Committee: _____

Committee members' signature: 1. _____ (_____)

2. _____ (_____)

Date of approval: _____

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Thank you for your cooperation.