



# American College of Surgeons - China-Hong Kong Chapter

## Application Form for ATCN® Provider Course

Please print in BLOCK LETTERS. Incomplete form will not be processed.

Title : Mr / Mrs / Miss / Ms\* Surname: \_\_\_\_\_

Name: \_\_\_\_\_ Chinese Name (if applicable): \_\_\_\_\_

Post: \_\_\_\_\_ Department / Unit: \_\_\_\_\_

Hospital: \_\_\_\_\_ Experience in Trauma Care: \_\_\_\_\_ Month / Year (s)

Correspondence Address: \_\_\_\_\_

Tel (Office): \_\_\_\_\_ Pager / Mobile: \_\_\_\_\_

Fax (Office): \_\_\_\_\_ E-mail: \_\_\_\_\_

(must be provided for communication)

Course	Course Fee	Course Dates	Your choice or priority
ATCN Provider Course	HK\$2,000		

Please specify which of the following courses you have attended before:

<input type="checkbox"/> ABLIS Provider / Instructor* Course	<input type="checkbox"/> PALS
<input type="checkbox"/> ACLS	<input type="checkbox"/> TNCC Provider / Instructor* Course
<input type="checkbox"/> APLS	<input type="checkbox"/> CCrISP Course - Nurse Observer
<input type="checkbox"/> BCLS	<input type="checkbox"/> BTLS
<input type="checkbox"/> Others (please specify):	

\*(please delete as appropriate)

Special diet request: Yes / No  
(If yes, please specific \_\_\_\_\_)

### Declaration

- I declare that all information provided on this application form and the attached documents (if any) are, to the best of my knowledge, accurate and complete.
- I consent to follow the Rules and Regulations of the Centre once I enrol on the Course.
- I consent to allow my name and relevant information, including country, specialty, affiliated hospital and dates of course completed, to be published on the CHKC-ACS website ([www.chkc-acs.org](http://www.chkc-acs.org)) after successful completion of the course.

Signature: \_\_\_\_\_

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

# INSTRUCTIONS FOR COURSE APPLICATION

## COURSE APPLICATION

Application must be made by returning a completed Course Application Form. Photocopies of the form will also be accepted. Completed Course Application Form should be returned to the Surgical Skills Centre by post, fax or email.

**Successful applicants will be informed individually** and should reply on or before the deadline as specified if they accept the offer. Failure to reply before the deadline will result in cancellation of the admission offer. The enrolled space will then be released to another applicant. Places on the course are non-transferable.

Applicants not being contacted 4 weeks before the course commencement should consider their applications being placed on the waiting list.

## PAYMENT PROCEDURE

Once the enrolment is confirmed, a cheque payment of **HK\$2,000** made payable to “**CHKC - ACS**” should be sent to the mailing address below on or before the deadline specified. Please write your name (in **BLOCK LETTERS**) at the back of the cheque and use **one cheque for each applicant**. Failure to pay before the deadline specified will result in cancellation of the enrolment.

## WITHDRAWAL POLICY

Application for withdrawal must be addressed to the ATCN Program Manager in writing.

<i>Application for withdrawal received (in written format)</i>	<i>Fee Refundable</i>
< 5 days after payment received	50%
> 5 days after payment received	Nil

## COURSE CANCELLATION

In the event of course cancellation, a full refund will be arranged for registered participants.

**Mailing Address:**  
*Surgical Skills Centre, Room 1006, 10/F., Laboratory Block,  
Li Ka Shing Faculty of Medicine,  
The University of Hong Kong  
21 Sassoon Road, Pokfulam, Hong Kong  
Tel: 2819 9691 / 2819 9692 Fax: 2818 9249  
Email: [chkcaes@hku.hk](mailto:chkcaes@hku.hk)*