

Instruction Notes:

- (i) For new applicants (no existing admission right or clinical privilege in UH), please complete the form CHM-001 Application Form for Admission Right & Clinical Privileges and attach this form (+/- other privilege forms) as supplementary document(s).
- (ii) Please provide supporting evidence of relevant training and experience.
- (iii) Please submit completed application forms together with supporting documents by post to Human Resources Department, Union Hospital, 18 Fu Kin Street, Tai Wai, NT. Please mark “Application for Admission Right & Clinical Privileges” on the envelope.
- (iv) Application processing normally **takes about 12 weeks**. To check status of your application, please contact Human Resources Department at 2608 3158 or email to vms@union.org.
- (v) All personal data collected will be treated in strict confidence and be used for application purposes only.

For Hospital Use Only

Date received: _____

App. Ref. No.: _____

Doctor’s code: _____

Please complete this form in BLOCK letters.

I. Personal Particulars

Doctor’s Name		Doctor’s Code in Union Hospital	
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II. Training and Experience

Are you a registered Specialist in Respiratory Medicine / Otorhinolaryngology?
 No Yes, registration with: _____

Are you a Fellow of the Hong Kong Academy of Medicine?
 No Yes, since: _____

Please provide other relevant qualification (use supplementary sheets if necessary)

Have you ever been suspended or refused the privilege in reporting PSG, CPAP Titration and MSLT in Sleep Centre of Hong Kong or overseas?
 No Yes, please specify:

Please provide the log of previous training / work experience in reporting PSG, CPAP Titration and MSLT.

III. Previous training and experience (if relevant)

Institution 1		Supervisor	
Year		Email	
Institution 2		Supervisor	
Year		Email	

Remarks: supervisors may be contacted via mail or email to verify information of this application.

IV. Application for Privilege in Reporting

For Hospital Use Only

Screened by: _____

Date: _____

	Applied	Granted	Remarks
Polysomnography (PSG)	<input type="checkbox"/>	<input type="checkbox"/>	
Continuous Positive Airway Pressure (CPAP) Titration	<input type="checkbox"/>	<input type="checkbox"/>	
Multiple Sleep Latency Test (MSLT)	<input type="checkbox"/>	<input type="checkbox"/>	

Note: The privilege will be reviewed every 2 years.

Please ✓ as appropriate. * Please delete as appropriate.

CHM-047-25-3127(R4)

V. Declaration

I declare that the information provided above is accurate and true.					
Name in BLOCK Letters		HKID No.			
Signature		Initials		Date	

VI. Internal Vetting (For Hospital Use Only)

Centre Director / Head of Department of Internal Medicine / Head of Outpatient Services

Comment	<input type="checkbox"/> Supported / <input type="checkbox"/> Not supported				
Signature		Date			

Deputy Medical Director (DMD)

Comment	<input type="checkbox"/> Supported / <input type="checkbox"/> Not supported				
Signature		Date			

Chief Hospital Manager & Medical Director

Comment	<input type="checkbox"/> Approved / <input type="checkbox"/> Declined				
Signature		Date			

VII. Administration (For Hospital Use Only)

Date of completing PMI Data Entry		Signature							
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Please ✓ as appropriate. * Please delete as appropriate.