UNION HOSPITAL

Doctor Liaison Office **Application Form for Privilege – Cardiology Procedures**

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 Doctor Liaison Office, 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 Doctor Liaison Office at 2608 3125 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	

II. Training and Experience

Are you a registered Specialist in Cardiology?
❑ No ❑ Yes, registration with:______________________________

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

Have you ever been suspended or refused the privilege to use the facilities of the Cardiac Catheterization Laboratory in Hong Kong or overseas?
❑ No ❑ Yes, please specify:___________________________

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 Performing & Reporting

For Hospital Use Only
Screened by:
Date:

	Applied	**Granted**	**Remarks**
Treadmill Exercise	❑	❑	
Treadmill Exercise for standby only, reporting must be done by cardiologist	❑	❑	
Echocardiogram (Transthoraxis)	❑	❑	
Echocardiogram (Transoesophageal)	❑	❑	
Stress Echocardiogram	❑	❑	
Tilt Table Test	❑	❑	
Tilt Table Test for standby only, reporting must be done by cardiologist	❑	❑	

(Cont'd)

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❑Please ✓ as appropriate. * Please delete as appropriate.

	Applied	For Hospital Use Only	
		Granted	Remarks
Holter ECG and Cardiac Event	❑	❑	
CV Lab procedures	❑	❑	
Cardiac	❑	❑	
Diagnostic	❑	❑	
Intervention	❑	❑	
EPS & RF	❑	❑	
Implantation of pacemaker / ICD	❑	❑	
Other Procedures	❑	❑	
Peripheral and Vascular	❑	❑	
Diagnostic	❑	❑	
Interventional	❑	❑	
Neurological	❑	❑	
Diagnostic	❑	❑	
Interventional	❑	❑	
Gynaecological	❑	❑	
Interventional	❑	❑	
Minor Operation	❑	❑	
Provision of log of previous training / work experience in these areas will be appreciated	❑	❑	

Note: The privilege will be reviewed every 2 years.

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)

Director of Heart Centre

Comment	❑ Supported / ❑ Not supported		
Signature		Date	

Deputy Medical Director (DMD)

Comment	❑ Supported / ❑ Not supported		
Signature		Date	

Chief Hospital Manager & Medical Director

Comment	❑ Approved / ❑ 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.