**NOTICE OF HOLDING FELLOWSHIP EXIT ASSESSMENT**

To: Chair of Education Committee

 The Hong Kong Academy of Nursing & Midwifery

From: Hong Kong College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Inform HKANM at least 1 week before the examination)*

Date of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time & Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Candidate(s):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name (in full) | Membership No. | Remarks |
|  |  |  |  |
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**Mode of Examination:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Examiner(s):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name (in full) | Qualification & Post | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Name of Invigilator(s):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name (in full) | Qualification & Post | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Information to note:**

1. Upon completion of the assessment, college has to submit the result to HKANM with the designated reporting form within 4 weeks after the assessment.
2. College will then inform individual candidate of the result.

**Reported by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name & signature)

President, Hong Kong College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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