



The Hong Kong Academy of Nursing & Midwifery

香港護理及助產專科學院

Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR

Email: info-enquiry@hkanm.hk Telephone: (852) 2370 0335 Fax: (852) 2370 0216

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

Mode of Examination: _____

Name of Examiner(s):

	Name (in full)	Qualification & Post	Remarks

Name of Invigilator(s):

	Name (in full)	Qualification & Post	Remarks



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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: _____