Institute of Digestive Disease, The Chinese University of Hong Kong
Application of Training and Education

Name: _____ DOB: _____

Gender ☐Male ☐Female Country: _____

Institution: _____

Current position: _____

☐ Gastroenterologist ☐Surgeon ☐Endoscopist ☐Hepatologist ☐Other_____

Year of graduation (basic degree): _____

Year of GI training: _____to_____ Year of completed GI training _____

Application for Areas of Training

☐Endoscopy
- ☐ERCP
- ☐EUS
- ☐ESD/EMR
- ☐Colonoscopy
- ☐Others _____

☐Hepatology

☐Surgery
- ☐Upper GI Surgery
- ☐Minimal Access Surgery

☐Others _____

Preferred timing for the training (month/year): _____/_____ to _____/_____

(Usually either 6 months or 12 months)

Experience in GI Endoscopy

Number of OGD (diagnostic and therapeutic) performed: _____

Can you perform Therapeutic OGD independently? ☐No ☐Yes

Number of Colonoscopy (diagnostic) performed: _____

Number of Colonoscopy (Therapeutic) performed: _____

Can you perform Colonoscopy independently? ☐No ☐Yes

Number of ERCP performed: _____

Can you perform ERCP independently? ☐No ☐Yes

Number of EUS performed: _____

Can you perform EUS independently? ☐No ☐Yes

List of 5 best publications (first or co-author)

Authors	Title	Journal and publication details

Would you consider conducting research project during the period of training? ☐No ☐Yes

Please list the topic of research you would consider exploring during the period of training:

_____