Hong Kong College of Midwives

Membership Training Program

Curricula
and
Clinical Log Book

Perinatal Psychosocial and Mental Health (PPMH) for Vulnerable Group of Pregnancy

Mentee's Name: _____

Period Covered:_____to _____

Hong Kong College of Midwives is a Constituent College of

Hong Kong Academy of Nursing

Version 1 :15/6/2026

Content Table

Purpose of the Log Book

The clinical log book of the Hong Kong College of Midwives (HKCMW) is designed to facilitate and guide mentees learning, and to provide support and direction for mentors in making judgments about the competence of trainees.

Mentees are responsible to enter the required information and record the various activities and experiences as stipulated in the various modules of the log book. Mentors should certify specified areas of competence of the mentees as they are attained.

All mentees entering the HKCMW training program are required to use this log book. All the log-books must be ***submitted to the College for the Ordinary Membership Admission Interview*** and ***also presented for the Fellow Exit Assessment.***

Midwifery Specialist Training Programme

There are 3 modules which make up the content of midwifery specialist training, ranging from basic midwifery training to post-basic specialty training.

Three modules are:
Module 1: Basic Midwifery Training
Module 2: Post-basic Midwifery Clinical Management
Module 3: Midwifery Subspecialty Training

Levels of Competence

To assist mentees in achieving their competencies, a five-level model of competence is adopted. The level of competence ranges from observation (1) to independent practice (5).

Level 1	Observes	Observes the clinical activity performed by a colleague
Level 2	Assists	Assists a colleague to perform the clinical activity
Level 3	Under Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Under Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent Performer	Performs the entire activity without need for supervision

Timing of the Log Book

Logging should be started early in the training period until the mentee has passed the Fellow Exit Assessment of HKCMW.

Using the Log Book

There will be separate session for record of each module training and individual sub-specialty training. Mentees need to record one elective sub-specialty training only that she has chosen.

Mentees are strongly advised to carry the log book at all times and to enter legibly the required information on a daily basis. This will save subsequent effort at retrospective record hunting. This information will be taken for reference at various stages of training assessment.

If the mentee has problems or queries with the use of the log book, she should refer to her mentor, supervisor, or the Chairman and members of Education Committee of the College.

Remarks:

Mentees should present clinical logbook and relevant documents to prove satisfactory completion of the required competence in the 500 hours of theoretical input; at least 250 hours #initial guided clinical practice with at least 50% under mentor guidance in module 2 & 3 and are required to complete the additional 250 hours #final guided clinical practice with at least 50% under mentor guidance or the clinical practice hours and requirements as stipulated by the elective sub-specialty training.

 # Initial Guided Clinical Practice

Refers to the mentee is under guidance of a designated Fellow Member or mentor recognized by the College in a local clinical specialty department.

 # Final Guided Clinical Practice

Refers to the mentee is under guidance of a designated Fellow Member in a local clinical specialty department appointed by the College.

 # Guided Clinical Practice include:

i) Experiential learning with mentor guidance at local clinical specialty departments;
ii) Practicum at work/non-work places with mentors from local clinical specialty departments under university/tertiary institution programs

Personal Particulars

Name of Mentee: _____ (English) _____ (Chinese)

Date of Registration as Registered Nurse: _____

Registration No. : _____

Date of Registration as Registered Midwife: _____

Registration No. :_____ _____

Academic Qualifications:

Qualifications Obtained	Date Obtained

Professional Qualifications:

Qualifications Obtained	Date Obtained

Module 1

Basic Midwifery Training

Module 1 - Basic Midwifery Training

Theoretical Core Components	No. of Hours
General Clinical Practice Issues	
Behavioral Sciences	
Primary Health Care - Sexual and Reproductive Health - Public and Primary Health - Maternal and Child Health	
Professional, Ethical and Legal Aspects of Midwifery Practice - Professional Knowledge - Evidence-based Practice in Midwifery - Personal Growth & Professional Development	
Biological Sciences	
Midwifery Knowledge	
Professional Midwifery Practice - Care during pregnancy - Care during Labour & Birth - Care during Puerperium - Care of Newborn (up to 6 weeks of life)	
TOTAL HOURS:	

Clinical Practice Area	No. of Weeks
Ambulatory / Day Ward	
Antenatal Ward	
Labour Ward	
Postnatal Ward	
Maternity Clinic	
SCBU	
MCHC	
Others, e.g. Team Midwifery (please specify)	
TOTAL No. of WEEKS	

The mentees have completed their clinical experience record during their Post-registration Diploma in Midwifery Program, so the mentees are only required to provide the transcript from the relevant institution and information on Module 1 as stated in this Log Book.

Post Midwifery Registration Working Experiences

Period	Working Location	No. of weeks

Mentees are required to have at least 250 hours initial guided clinical practice with at least 50% under mentor guidance in the module 2 & 3 of membership training for the Post Midwifery Registration.

Module 2

Post Basic Midwifery Clinical Management

Module 2 – 18 Months Post Basic Midwifery Clinical Management

This module is accessible to midwives who have completed the basic midwifery training and have registered as a midwife in Hong Kong. It covers 18 months of post basic skill enhancement in midwifery clinical management. Within this period, the midwife should consolidate her skills in antenatal, intrapartum and postnatal areas. It includes 12 months clinical management experience in the Labour Ward and 6 months experience in Antenatal & Postnatal management.

Learning objectives in the Antenatal ward/clinic:

By the end of 3 months training, the midwife should be able to

1. Carry out comprehensive assessments to determine maternal and fetal well-being at the first antenatal visit independently.
2. Carry out ongoing assessment of maternal and fetal well-being in subsequent visits independently.
3. Appropriately manage or refer woman requiring additional care to other health professionals.
4. Provide health education and promotion to woman in the preparation of labor, birth and parenthood.

Learning objectives in Labour ward:

By the end of 12 months training, the midwife should be able to

1. Carry out ongoing assessment and monitoring of maternal and fetal well-being and labour progress independently.
2. Manage and evaluate labour pain.
3. Provide informed choices to woman with non-pharmacological and pharmacological pain relief methods.
4. Timely refer to obstetricians independently or under supervision when abnormality is suspected.
5. Recognize deviations from normal condition promptly and initiate appropriate actions independently or under supervision.
6. Provide immediate care to support newborn's transition to extra-uterine life independently.
7. Maintain an accurate birth registry and other relevant documentation.

Learning objectives in Postnatal ward:

By the end of 3 months training, the midwife should be able to

1. Carry out ongoing assessment and monitoring of woman independently.
2. Perform comprehensive maternal, newborn and feeding assessment related to lactation independently or under supervision.
3. Provide support and encouragement to enable woman to successfully meet the breastfeeding goals.
4. Perform newborn physical examination independently.
5. Recognize deviations from normal condition promptly and initiate appropriate actions independently or under supervision.

Education Program and Clinical Experience

The mentees are required to attend not less than two post basic training education program accredited by the College. They are also required to indicate her levels of competence for the related clinical practice experience:

Education Program

The mentee has to attend continuing education programs with not less than 20 hours theory programs in Midwifery Leadership, Midwifery Led clinical management models, advanced life support in obstetric emergencies, neonatal resuscitation, etc….

Name of Education Program	Organized by	Duration / Hours	Certification Obtained and Date

Clinical Experience

1. **Antenatal Clinical Management** *

1.1. Normal pregnancy (Level 4-5):
- 1.1.1. Antepartum: first trimester to third trimester;
- 1.1.2. Antepartum fetal monitoring and other diagnostic tests (e.g. fetal movement, amniocentesis, per vaginal examination etc.);

1.2. Pregnancy complicated by medical and other conditions (Level 3-4):
- 1.2.1. Prenatal substance abuse;
- 1.2.2. Diabetes Mellitus in pregnancy;
- 1.2.3. Prenatal anaemia;
- 1.2.4. Cardiac disease in pregnancy;
- 1.2.5. Hypertensive disorder
- 1.2.6. Rh Disease
- 1.2.7. Pregnant adolescent;
- 1.2.8. HIV in pregnancy;
- 1.2.9. Infections such as toxoplasmosis, rubella, CMV, herpes simplex virus, sexually transmitted disease; chickenpox exposure
- 1.2.10. Others such as surgical procedures, e.g. cervical incompetence, removal of an ovarian cyst, appendicitis, trauma, etc.

1.3. Gestational complications (Level 3-4):
- 1.3.1. Hyperemesis gravidarum;
- 1.3.2. Multiple pregnancy;
- 1.3.3. Polyhydrammios
- 1.3.4. Oligodramnios
- 1.3.5. Antepartum Haemorrhage;
- 1.3.6. Vaginal infections;
- 1.3.7. Urinary tract infection;
- 1.3.8. Preterm labour;
- 1.3.9. Premature rupture of membranes;
- 1.3.10. Recurrent pregnancy loss.

2. Intra-partum Clinical Management #

2.1. Normal intrapartum (Level 4-5):
- 2.1.1. Normal labour: first stage to third stage;
- 2.1.2. Intrapartum fetal monitoring;
- 2.1.3. Amniotomy;
- 2.1.4. Epidural anaesthesia / analgesia;
- 2.1.5. Induction of labour;
- 2.1.6. Augmentation of labour.
- 2.1.7. Pharmacological pain management
- 2.1.8. Non pharmacological pain management

2.2. Intrapartum complications (Level 3-4):

2.2.1. Dystocia / dysfunctional labour;
2.2.2. Precipitous birth;
2.2.3. Intrapartum preeclampsia;
2.2.4. Caesarean birth;
2.2.5. Vaginal birth after caesarean;
2.2.6. Breech delivery
2.2.7. Intrauterine fetal death;
2.2.8. Uterine rupture;
2.2.9. External version;
2.2.10. Amnio-infusion;
2.2.11. Instrumental deliveries such as forceps or vacuum birth.
2.2.12. Maternal distress
2.2.13. Fetal distress

2.3 Obstetrics Emergencies:

2.3.1 Cord prolapse
2.3.2 Shoulder Dystocia
2.3.3 Eclampsia
2.3.4 Maternal collapse

3. Postnatal Clinical Management *

3.1. Normal postpartum care (Level 4-5):

3.1.1. Postpartum period – fourth stage of labour;
3.1.2. Postpartum period – first 24 – 48 hours post vaginal delivery care ;
3.1.3. Postpartum period after caesarean birth.

3.2. Postpartum complications (Level 3-4):

3.2.1. Postpartum haemorrhage;
3.2.2. Postpartum infection;
3.2.3. Thromboembolic disease;
3.2.4. Mastitis;
3.2.5. Postnatal emotional disorder / Postpartum depression.

3.3. Care of the newborn (Level 4-5):

3.3.1. Newborn care – immediate after birth;
3.3.2. Newborn care – Subsequent care in postnatal ward

4. Neonatal Complications Management in Maternity Unit (Level 3-4): **@**

4.1.1. Neonatal asphyxia;
4.1.2. Small for gestational age;
4.1.3. Infant of a diabetic mother;
4.1.4. Infant of a substance-abuse mother;
4.1.5. Infant exposed to HIV / AIDS;
4.1.6. Preterm newborn;
4.1.7. Post-term newborn;
4.1.8. Hyperbilirubinemia;
4.1.9. Meconium aspiration syndrome;
4.1.10. ABO incompatability;
4.1.11. Neonatal infection.
4.1.12. Congenital abnormalities

The mentee should complete their clinical experience records with clinical mentor's verification accordingly. Level of competence would be decided by the mentor.

Level 1	Observer	Observes the clinical activity performed by a colleague
Level 2	Assistant	Assists a colleague to perform the clinical activity
Level 3	Under Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Under Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent performer	Performs the entire activity without need for supervision

Remarks:

Trainees are requested to have at least 10 complicated or at risk cases records for Intra-partum clinical management. Regard to these 10 cases management, mentees are requested to attend the labour and assist / conduct the deliveries for at least 5 cases. For the other 5 cases, mentees are requested to provide at least 4 hours direct care for each case.

* Mentees are requested to have at least 5 cases records for Antenatal and 5 cases records for Postnatal clinical management. Regard to the Antenatal and Postnatal cases management, mentees are requested to render at least one hour direct care for each case.

@ For neonatal care, mentees are requested to have at least 5 cases records for Neonatal Complication management in maternity unit.

Records of Antenatal Clinical Management

Working location / Institution	Period	No. of hours under guided practice

Case No.	Date	Description	Clinical Mentor's Name / signature	Level of Competence

Records of Postnatal Clinical Management

Working location / Institution	Period	No. of hours under guided practice

Case No.	Date	Description	Clinical Mentor's Name / signature	Level of Competence

Records of Intrapartum Clinical Management

Working location / Institution	Period	No. of hours under guided practice

Case No.	Date	Description	Clinical Mentor's Name / signature	Level of Competence

Records of Intrapartum Clinical Management

Working location / Institution	Period	No. of hours under guided practice

Case No.	Date	Description	Clinical Mentor's Name / signature	Level of Competence

Records of Neonatal Complications Management

Working location / Institution	Period	No. of hours under guided practice

Case No.	Date	Description	Clinical Mentor's Name /signature	Level of Competence

Requirement and Record for the Theoretical Input

Mentees should have at least 500 theoretical hours in advanced midwifery practice certification program:

1. Not more than 200 hours can be counted from the Post-registration Diploma in Midwifery Program on completion of the basic midwifery training.
2. At least 300 hours should be at postgraduate level from the Master degree program in Nursing or relation to Midwifery from the recognized university or institution.
3. Additional required at least 20 theoretical hours of advanced midwifery practice in Post Midwifery Program.

Mentees are required to provide transcripts from the relevant institution or university to support the evidence of theoretical hours input as curriculum requirement for the Advanced Midwifery Practice Certification Program.

Mentees are required to keep the summary of theoretical hours record into Generic Core, Advanced Core and Specialty Core as the training program curriculum requirement. *(Please refer to the following pages for record keeping. Additional sheets can be used if necessary)*

Details of Generic Core, Advanced Core and Specialty Core, please refer to the Curriculum and Syllabus for Membership Training of the Advanced Practice Midwives

Summary of Theoretical Hours Record

(I) Generic Core:

Post Graduate Level – at least 100 hours

Date	Course	Course Organization / Institution	Duration (Hours)
		Total Hours:	

Post Registration Level related to Midwifery Specialty Practices – no more than 67 hours

Date	Course	Course Organization / Institution	Duration (Hours)
		Total Hours:	

Summary of Theoretical Hours Record

(II) Advanced Core

Post Graduate Level – at least 100 hours

Date	Course	Course Organization / Institution	Duration (Hours)
		Total Hours:	

Post Registration Level related to Midwifery Specialty Practices – no more than 67 hours

Date	Course	Course Organization / Institution	Duration (Hours)
		Total Hours:	

Summary of Theoretical Hours Record

(III) Specialty Core

Post Graduate Level – at least 100 hours

Date	Course	Course Organization / Institution	Duration (Hours)
		Total Hours:	

Post Registration Level related to Midwifery Specialty Practices – no more than 67 hours

Date	Course	Course Organization / Institution	Duration (Hours)
		Total Hours:	

Module 3
Elective Sub-Specialty Training

Perinatal Psychosocial and Mental Health (PPMH)
for Vulnerable Group of Pregnancy

Version 1:
15/06/2026

Perinatal Psychosocial and Mental Health for Vulnerable Group of Pregnancy

1. Background

In the 2005 Policy Address, the Government announced launching the Head Start Programme on Child Development, currently known as the Comprehensive Child Development Service (CCDS), which aims at early identification and provision of timely support to children (0 – 5 years old) and families with special needs.

The distinctive feature of this programme is its interdisciplinary and cross-sectorial collaboration among the Education Bureau (EDB), the Department of Health (DH), the Hospital Authority (HA), and the Social Welfare Department (SWD).Through fostering communication and collaboration among different providers of the existing educational, medical, and social services, this programme demonstrates a new service model.

Many studies have shown that mental health problems, substance abuse, and teenage pregnancy, are associated with poor outcomes in fetal and child development. In line with an aim to identify the varied needs of at-risk pregnant women, children and families at an early stage for improving health outcomes, the hospital CCDS under Hospital Authority (HA) and the community-based CCDS uses the Maternal and Child Health Care Centres (MCHCs) under the Department of Health (DH) as a platform to enhance cross-sectoral collaboration and communication and the services was launched since 2005.

In Hong Kong, midwives play a crucial role in caring of women with Perinatal Psychosocial and Mental Health during Pregnancy, particularly in the early identification and management of at-risk pregnant women, new mothers and their families, with a significant focus on perinatal mental health and vulnerable groups. They work to provide a range of services, including antenatal, postnatal, and developmental assessments for infants. Midwives collaborate with other healthcare professionals and social workers to ensure timely referrals and interventions for families needing extra support. In order to enhance the professionalism of these midwives working in CCDS team, the Sub-specialty Training on “Perinatal Psychosocial and Mental Health (PPMH)” for vulnerable group of pregnancy is created to provide guided clinical practice and become fellow of HKCMW upon completion of the training.

2. Roles and Responsibilities of Midwives:

2.1 Case Management and Support:

Midwives act as case managers, providing in-depth assessment, health counseling, and coordination of care for pregnant women and new mothers identified as at-risk. This includes those with mental health issues, past psychiatric illness, or other vulnerabilities.

2.2 Early Identification of Problems:

They are instrumental in the early identification of potential problems, especially postnatal depression, using professional assessment tools and referring to specialized services when necessary.

2.3 Collaboration and Referral:

Midwives work in collaboration with other healthcare professionals, including obstetricians, paediatricians, psychiatric nurses, and social workers, facilitating appropriate and timely referrals to relevant services within the Hospital Authority of Hong Kong, , Department of Health and non-governmental organizations.

2.4 Counseling and Education:

They provide supportive counseling and health education to women and their families, promoting good maternal mental health and empowering mothers with information and resources.

2.5 Coordination of Care:

Midwives help coordinate human and environmental resources to manage rapidly changing situations and ensure seamless care for at-risk individuals and families.

2.6 Empowerment:

By connecting women to various health and social services, CCDS / or relevant service midwives contribute to empowering women and enhancing their access to and control over resources.

2.7 Promoting Patient-Centered Care:

Midwives are dedicated to enhancing communication between patients and their family members, providing emotional and psychological support, and fostering a sense of companionship throughout the care journey.

3. Training Requirements for Midwifery Practices in Perinatal Psychosocial and Mental Health Module

3.1 Training requirement:

This module comprises training on Perinatal Psychosocial and Mental Health Module of at least 12 months. During the 12-month training, mentees are required to care for women under the CCDS or relevant service during the antenatal and immediately postpartum before discharge from hospital.

4. Learning Objectives

By the end of this sub-specialty training, the mentee should be able:

4.1 to identify timely of at-risk pregnant and postpartum women in out-patient or in-patient settings

4.2 to conduct an in-depth initial assessment to identify any immediate intervention is needed, such as self-harm ideation

4.3 to refer to paediatrician, psychiatrist, psychiatric nurse, clinical psychologist or social workers according to their needs for early support or intervention

4.4 to provide continuous support, appropriate health education and counselling, ensure the compliance to medical and social service

4.5 to provide phone follow up at post-delivery if necessary for mood assessment and social service compliance

5. Sub-specialty Training requirement 500 hours Guided Clinical Practice

- Initial Guided Clinical Practice (within the 250 hours initial Guided Clinical Practice before OM, requiring at least 50 hours practice in Sub-specialty at the module 3 training with level of competence at 1 to 3). Mentee is under guidance of a designated Fellow Member or mentor recognized by the College in a local clinical specialty department.
- Final Guided Clinical Practice (additional 250 hours in post membership training with level of competence at 3 - 5). Mentee is under guidance of a designated Fellow Member in a local clinical specialty department appointed by the College or the clinical practice hours and requirements as stipulated by the elective sub-specialty training.

5.1 Education Program

The mentee has to attend continuing education programs related to Perinatal Psychosocial and Mental Health for vulnerable group of pregnancy, such as Certificate course in Mental Health organized by the Institute of Mental Health Castle Peak, Training Program on Perinatal Psychosocial and Mental Health organized by HKCMW, or other related program(s) vetted by HKCMW (see appendix 1).
A minimum of 20 hours training and including an assessment is required.

Name of Education Program	Organized by	Duration / Hours	Certification Obtained and Date

5.2 Clinical Practice

Working Location / Institution	Period	No. of hours under guided practice

Summary of Guided Clinical Practice hours:

	No. of hours
Initial guided clinical practice before OM at module 3 training (required at least 250 hours)	
Final guided clinical practice in post membership training (required at least 250 hours)	

5.3 Individual Case Records

The mentee should complete their individual case records with mentor's verification accordingly. Level of competence would be decided by the mentor.

Level 1	Observer	Observes the clinical activity performed by a colleague
Level 2	Assistant	Assists a colleague to perform the clinical activity
Level 3	Under Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Under Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent performer	Performs the entire activity without need for supervision

5.4 Criteria of Complete Logged Cases

During the training on Comprehensive Child Development Service, the mentee is required to have total 50 complete logged cases including at least 20 logged cases at level 3 competence or above during the 12-month module 3 training for the Ordinary Membership Examination, and at least 30 logged cases at level 4 competence or above for the further 3 years of Higher Specialist Training for the Fellow Exit Assessment.

5.5 Case Record of Logged Case

Logged Case No.	Date of Practice	Antenatal or Postnatal case	Case History /Problem Identified/ Management & Outcomes	Total no. of practice hours	Level of competence	Name & signature of mentor
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6 Summary of Guided Clinical Practices

for Midwifery Practices in Perinatal Psychosocial and Mental Health Module

Date: from _____ to _____

Level of Competence:	**No. of cases practice**	**Total no. of contact hours**				**Total practice hours**
		Mental problem	**Teenage pregnancy**	**Substance abuse**	**Others**	
Complete **at least 1/3** of the mandate requirement (Level 1-3)		(150)	(40)	(60)		At least 250 hours
Name & Signature of Mentor						
Complete the remaining mandate requirement (Level 4-5)		(150)	(40)	(60)		Additional 250 hours
Name & Signature of Mentor						
Total practice hours		(300)	(80)	(120)		At least 500 hours
Name & Signature of Mentor						

Signature of Mentor: _____

Name of Mentor: _____

Date: _____

7 Detailed Case Reports

For the Fellow Exit Assessment, details of 3 cases have to be presented. The mentee can choose any 3 cases from the logged cases to write the detailed case reports. The description and discussion of each case should be at least 3000 words (including 1000 words on self-reflection). A word count should be inserted at the end of each case. They should reflect the characteristics of the care provided including initiate assessment, intervention and any referral needed.

Past Health and Obstetric History

The mentee should gather past health and obstetric data from the woman, so that the health care team can create a plan that will address her psychosocial, physical or spiritual status or any other specific conditions. The plan is mutually agreed by the woman. Data gathered may include past and current medical / obstetrical conditions.

Social History and Personal Habits

Collect the socio-demographic data, such as marital status, relationship with partner, any financial problem / assistance, education level and occupation. Identify the main stressor (if any), such as poor marital relationship, financial, work related and/or with employer or colleagues, living environment. Enquire on personal habits, such as drinking on the types of drink, years have been taken and it is quitted or not, whether it is quitted before or during pregnancy. Smoking habits are also important to record on the number of cigarettes consumed per day that have been taken and it is quitted or not, whether it is quitted before or during pregnancy.

Assessment

The Mentee should describe the initial assessment performed including psychological, physiological, social, and spiritual wellbeing. Specific assessment related to the chief complaint and condition should be recorded and reported.

Medications

The Mentee should report all scheduled medications, especially from psychiatrist.

Plan of Care

Mentee should formulate a plan of care for the woman, evaluate woman's response to intervention and suggest expected outcomes as appropriate.

Reflection

Mentee should write reflection on the case, which may include personal feelings, opinions, beliefs, strength and weaknesses. Besides, for the whole care process, area(s) with good practice, area(s) for further personal improvements and learning points should be identified and described.

Appendix 1

Other related programs:

Duration (Hour)	Topic	Organizing Institution
3	Management of Unstable Maternal Emotion and Drug Abuse	The Chinese University of Hong Kong (O&G)
3	Impact of High EPDS and Adolescence Substance Abuse: a 3-hour update	The Chinese University of Hong Kong (O&G)
6	Children with special needs and domestic violence	The Chinese University of Hong Kong (O&G)
2	Domestic violence and postnatal depression	The Chinese University of Hong Kong (O&G)
2	Recognition of children abuse and domestic violence with case sharing	The Chinese University of Hong Kong (O&G)

Certificate of Accuracy

I certify that the information contained in the Log Book covering the period from _____ to _____ is a true and accurate record of my training experiences.

Signature of Mentee: _____

Name in Block Letter: _____

Date: _____