



The Hong Kong Academy of Nursing

香港護理專科學院

LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, Kowloon

Email: info@hkan.hk Telephone: 23700335 Fax: 23700216

APPLICATION FOR REPLACEMENT OF DIPLOMA OF FELLOWSHIP

One application for one replacement

A. Personal Particulars

Please type or print in BLOCK LETTERS.

Name in English (Surname First)	
Name in Chinese (if any, as in HKID)	
Name of College	
Specialty	
Fellow number	
Contact number	Office / Home: _____ Mobile: _____
E-mail address	
Correspondence address	

B. Reason for Replacement (Please check as appropriate.)

- Original Diploma of Fellowship lost / stolen / destroyed
- Original Diploma of Fellowship damaged (Please attach original Diploma of Fellowship)
- Name change (Please provide certified copy of legal document on name change and attach Original Diploma of Fellowship.)

C. Payment

The charge is HK\$300 for application for replacement of Diploma of Fellowship. Please mail this application form and the supporting documents (if any) together with the crossed cheque make payable

**“The Hong Kong Academy of Nursing Limited” to LG1, School of Nursing,
Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, Kowloon**

Re: Application For Replacement of Diploma of Fellowship.

I enclose herewith a crossed cheque of for *HK\$300 / HK320 (including postage) with cheque no. _____ of _____ Bank to **The Hong Kong Academy of Nursing Limited** as application for replacement of Diploma of Fellowship.

* Please delete as appropriate

FOR INTERNAL USE

College Authorization		Name / Position		Date	
HKAN		Name / Position		Date	

D. Certificate Collection Method (Please Check as appropriate.)

- In person (Please produce your HKID card when collecting the replacement copy.)
- By an authorized person

Please provide details of the authorized person in the following section. The authorized person will be required to produce his / her own HKID to the Academy Office to collect your Diploma of Fellowship. He / She will also be required to sign an acknowledgement of receipt.

Personal Particulars of the Authorized Person

Name (in English, surname first): _____ HKID no.: _____

Contact no. in Hong Kong: _____

- By Registered mail (for local only with additional \$20 postage fee)

The Academy does not take responsibility for any loss of Diploma of Fellowship during postal delivery.

<p><u>Mailing address</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>(Please type or print in BLOCK LETTERS)</p>
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E. Declaration

I am aware that I am not permitted to retain more than one copy, including the replacement copy, of the Diploma of Fellowship for each academic qualification. I hereby declare that my original Diploma of Fellowship for the (Academic qualification(s))

- a) * is / lost / destroyed
- b) * has to be replaced as my name has been legally changed subsequent to my conferment from the Academy. I understand that by requesting a certificate replacement due to name change, my name in the Academy Fellow records will be changed accordingly and I must surrender to the Academy ALL certificates bearing my former name.

Name : _____

Signature of the Fellow: _____ Date: _____

* Please delete as appropriate

<u>Acknowledgement of Receipt</u>	
Name (in English, surname first):	
Date :	