



# 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](mailto: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 / HK330 (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 \$30 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

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