



The Hong Kong Academy of Nursing
香港護理專科學院

NOTICE OF HOLDING FELLOWSHIP EXIT ASSESSMENT

To: Chair of Education Committee
The Hong Kong Academy of Nursing

From: Hong Kong College of _____

(Inform HKAN 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 |
|--|----------------|----------------------|---------|
| | | | |
| | | | |
| | | | |

Information to note:

1. Upon completion of the examination, college has to submit the result to HKAN with the designated reporting form within 7 working days.
2. College will then inform individual candidate of the result.



The Hong Kong Academy of Nursing
香港護理專科學院

Reported by:

(Name & signature)
President, Hong Kong College of _____
Date: _____