



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

**REPORTING OF FELLOWSHIP EXIT ASSESSMENT**

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

From: Hong Kong College of \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**Name of Candidate(s):**

No.	Name (in full)	Ordinary Membership No.	Examination Result

**Reporting on the examination result of individual candidate(s):**

No.	Name (in full)	Description

**Information to note:**

1. Inform HKAN within 4 weeks after the assessment.

**Reported by:**

\_\_\_\_\_  
(Name & signature)

President, Hong Kong College of \_\_\_\_\_

Date: \_\_\_\_\_