



REPORTING OF FELLOW MEMEBERSHIP CERTIFICATION EXAMINATION (MCQ)

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

From: Hong Kong College of _____

Part I (*Inform HKAN within 4 weeks after the examination*)

Date of Examination: _____

Name of Candidate(s):

Name (in full)	Membership No.	Examination Result

Name of Examination Reviewer(s):

Name (in full)	Fellowship and Specialist Title	Remarks

Examination – Multiple Choice Questions

Subject & Topic	Knowledge	Skill application	Critical thinking	No. of MCQ
Subject level requirement	20-30% (30-45 MCQs)	20-30% (30-45 MCQs)	40-50% (60-75 MCQs)	(150)
Total	e.g. 43 (29%)	e.g. 35 (23%)	e.g. 72 (48%)	150 (100%)

Overall Examination Result:

% Pass	% Fail	Total no. of candidate(s)
e.g. 100%	0%	2



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

Part II

Attach the Test Statistics Report of this examination.

Reported by:

(Name & Signature)

President, Hong Kong College of _____

Date: _____