



香港眼科視光師學會

The Hong Kong Society of Professional Optometrists

Application to join HKSPPO referral list 2010

Name _____ (English) _____ (中文) Membership No. _____

Practice address _____

_____ Practice telephone _____

執業地址 _____

Declaration

I wish to be listed on The Hong Kong Society of Professional Optometrists (HKSPPO) referral list 2010. I hereby declare that:

1. I am a full member of the HKSPPO and I have paid my 2010 subscription.
2. I hold current registration to practise Optometry in Hong Kong.
3. I have completed at least 10 hours in any approved continue education courses in the last executive year of HKSPPO (i.e. 1st January, 2009 to 31st December, 2009).
4. I am covered for professional indemnity beyond 31 Dec 2010.
5. (Please tick as appropriate:)
 I have acquired all the clinical equipment and diagnostic drugs specified in a HKSPPO document entitled 'Inclusion criteria for the HKSPPO referral list 2010' (referred to as 'The Document' hereafter).
OR
 I am in the process of acquiring clinical equipment and diagnostic drugs specified in The Document and I am enclosing copies of proof of order.
6. I undertake to strive to practise primary eye care as described in The Document.

I agree to abide by any terms and conditions laid down by the HKSPPO council in relation to the HKSPPO referral list. I understand that, if I fail to abide by such terms and conditions, or if I am found to fall short of the elements of this declaration, the HKSPPO council has the right to remove my name from the HKSPPO referral list. I also understand that, in the case of any dispute in this regard, the decision of the HKSPPO council would be final.

Signature _____ **Date** _____

**Important!! Please send the completed application form to:

Ms. Eman Kwong, TST PO Box 98603, Hong Kong or fax it to 3126 9980

For Office Use

Received on _____

Received by _____

Approved on _____