



香港眼科視光師學會

The Hong Kong Society of Professional Optometrists

**Application to join HKSPPO referral list 2011**

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 2011. I hereby declare that:

1. I am a full member of the HKSPPO and I have paid my 2011 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, 2010 to 31st December, 2010).
4. I am covered for professional indemnity beyond 31 Dec 2011.
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 2011' (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 will provide Primary Eye Care service in addition with the following field of consultation:  
 Low Vision  
 Orthokeratology  
 Paediatric  
 Visual Training
7. 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, Unit 1204, 12/F., Kowloon Building, 555 Nathan Road, Kowloon or fax it to **3126 9980**

For Office Use

Received on \_\_\_\_\_

Received by \_\_\_\_\_

Approved on \_\_\_\_\_