



# The Hong Kong Academy of Nursing & Midwifery

## 香港護理及助產專科學院

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### REPORTING OF FELLOWSHIP EXIT ASSESSMENT

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

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: \_\_\_\_\_