

# QUEEN MARY HOSPITAL FRCR 2B COURSE REGISTRATION FORM

Name:

Hospital:

Email address:

Contact no.:

Contact address:

Current exam status:

- Post FRCR Part I
- Post FRCR Part IIa (<3 modules)
- Post FRCR Part IIa (3-5 modules)
- Post FRCR Part IIa (6 modules)

Please return the completed registration form together with cheque made payable to "Hospital Authority" to:

Attn: QMH FRCR 2B course  
Department of Radiology  
Room 15, Block H, 2/F  
Queen Mary Hospital  
102 Pokfulam Road  
Hong Kong

A confirmation email will be sent to you shortly upon successful application.

For enquiries, please contact Ms. Dorothy Ho via email [hokyd@ha.org.hk](mailto:hokyd@ha.org.hk) or call (852) 2255 4066.