

### **GUIDELINES FOR HKIQEP MEMBERSHIP RENEWAL 2018-2019**

#### I. Criteria

All HKIQEP memberships are subject to renewal on an annual basis on 1 April and members shall apply for renewal.

Type of Membership	CPD (in units)	Recognised IP	Annual
		membership needed	Subscription Fee
Founding Fellow	0	No	HK\$600
Fellow	20	Yes	HK\$600
Professional Member	20	Yes	HK\$480
Associate Member	10	No	HK\$300
Student Member	0	No	HK\$0

Only members approved by the HKIQEP on or before 30 March 2017 are required to submit CPD records. Other members approved by the HKIQEP after 30 March 2017 need NOT to submit the CPD records in this round of submissions.

For this round of submissions, the CPD activities shall be undertaken from 1 January 2017 to 30 March 2018.

Below is the summary of required items to be submitted in this round of submissions:

Required Items	Founding Fellow	Fellow	Professional Member	Associate Member	Student Member
Receipt copy of annual subscription fee	Required	Required	Required	Required	NA
Membership in Institutional Partners proof	NA	Required	Required	NA	NA
CPD record form	NA	Only required for members approved on or before 30 March 2017	Only required for members approved on or before 30 March 2017	Only required for members approved on or before 30 March 2017	NA

NA: Not Applicable

#### II. Continuing Professional Development (CPD)

The purpose of Continuing Professional Development is to ensure HKIQEP members to maintain and improve their knowledge and skills in the environmental field.

Members are encouraged to adopt a "balanced" approach, adopting a combination of CPD activities in 6 areas: Air, EIA & HA, Environmental Science, Management & Policy, Noise, Waste, and Water. All events must be environmental-related.



Scopes of HKIQEP continuing professional development are presented as below table:

<b>Event Type</b>	Examples	Weighting
Learning	Attend conferences, seminars, courses (long and short),	1 unit / learning
	site-visits, etc.	hour (full-day = 7
		hours)
Certification	Obtain additional professional qualification / certification	5 units / new
	(re-qualification in currently qualified areas do not count)	certification
Teaching	Speaker at conferences, seminars, short course, etc.	3 units / teaching
	(outside of regular employment duties)	hour
Sharing	Obtain patent, publish papers, journals, books, etc.	5 units /
	(outside of regular employment duties)	publication
Service	Hold positions on committees of professional associations,	3 units /
	conference organizer	association or
		conference

### III. Annual Subscription Fee

- · Fees are non-refundable.
- Payment Method: Deposit/Transfer to HKIQEP Bank Account
- · Bank: Hong Kong and Shanghai Banking Corporation Limited (HSBC)
- Account Name: Hong Kong Institute of Qualified Environmental Professionals Limited
- · Account Number: 848-718524-001
- 50% senior discount for those who are retired and at age 60 or above. If you would like to enjoy the senior discount, please submit the payment receipt copy with the Retirement Declaration Form.
- · Additional service fee will be charged for the inter-bank transaction.

### IV. Recognised Membership in HKIQEP Institutional Partners

• **Fellows** and **Professional Members** should submit the proof of recognised membership of Institutional Partners.

Institutional Partners	CIWEM HK	ЕМАНК	HKIOA	HKIEIA	НКІЕРО
Recognised Membership Category	Corporate Member or above	Certified Member or above	Corporate Member or above	Corporate Member or above	Member
			*Details please cont	act the corresponding *Updat	Institutional Partners ted on 6 June 2016

#### V. Process

- 1. Email the completed forms at the back to <a href="mailto:membership@hkiqep.org">membership@hkiqep.org</a> with payment receipt copy and all other required documents.
- Upon receipt of the all required documents and your subscription fee, your submission will be checked by the HKIQEP Secretariat. Submissions with incomplete information will not be processed.
- 3. The HKIQEP Membership Committee reviews and assesses the submissions, and makes recommendation to the HKIQEP Executive Committee. The Membership Committee may also seek for formal verification of the record if deemed necessary.
- 4. The HKIQEP Executive Committee makes the final decision on renewal.
- 5. Upon successful renewal, all members are required to comply with the HKIQEP Codes of Ethics and Conduct. Failure to abide shall result in appropriate actions presided over by a Disciplinary Panel of HKIQEP.



### **VI. Membership Renewal Checklist**

To facilitate your membership renewal process, please make sure you have submitted the following items to <a href="mailto:membership@hkiqep.org">membership@hkiqep.org</a>:

	ltems	
1	Receipt copy of annual subscription fee	Required
2	Membership in Institutional Partners proof for Professional Members and Fellows	Required
3	CPD record form	If applicable
4	Form of change/ update personal particulars -Academic qualification proof; or -Current employment proof; or -Other professional qualification proof	If applicable
5	Declaration form of retirement	If applicable



### **PRIVATE AND CONFIDENTIAL**

# **Continuing Professional Development Record Form**

- Before completing this form, please study carefully the membership renewal guidelines for the minimum Continuing Professional Development (CPD) requirement of different membership categories.
- · Attach additional pages as necessary.
- The Membership Committee may seek for formal verification of the record if deemed necessary.

A. CPI	D RECO	RDS		
Summa	ry of CPD			
The CPE	) activities	are undertaken from to	,	
No.		Туре	CPD Unit	t
1		Learning		
2		Certification		
3		Teaching		
4		Sharing		
5		Service		
		Total		
	of CPD Act	ivities  . Attend conferences, seminars, courses (long ar	d short), site-visits, e	tc.)
D	ate M/YYYY)	Description of Activities	Organizer	CDP (unit)
-			_	



Date (DD/MM/YYYY)  Description of Activities  Organizer  (unit)  III. Teaching (Speaker at conferences, seminars, short course, etc.; outside of regular employment duties)  Date (DD/MM/YYYY)  Description of Activities  Organizer  (unit)  IV. Sharing (Obtain patent, publish papers, journals, books, etc.; outside of regular employment duties)  Date (DD/MM/YYYY)  Description of Activities  Organizer  CDP (unit)  V. Service (Hold positions on committees of professional associations, conference organizer)  Date (DD/MM/YYYY)  Description of Activities  Organizer  CDP (unit)	II. Certification	(Obtain additional professional qualification / certif	ication)	
III. Teaching (Speaker at conferences, seminars, short course, etc.; outside of regular employment duties)  Date (DD/MM/YYYY)  Description of Activities  Organizer  IV. Sharing (Obtain patent, publish papers, journals, books, etc.; outside of regular employment duties)  Date (DD/MM/YYYY)  Description of Activities  Organizer  CDP (unit)  V. Service (Hold positions on committees of professional associations, conference organizer)  Date (DD/MM/YYYY)  Description of Activities  Organizer  CDP (unit)		_		
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Date (DD/MM/YYYY)   Description of Activities   Organizer   CDP (unit)		eaker at conferences, seminars, short course, etc.;	outside of regular e	employment
IV. Sharing (Obtain patent, publish papers, journals, books, etc.; outside of regular employment duties)  Date (DD/MM/YYYY)  Description of Activities  Organizer  V. Service (Hold positions on committees of professional associations, conference organizer)  Date (DD/MM/YYYY)  Description of Activities  Organizer  CDP (unit)	•			CDP
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Date (DD/MM/YYYY) Description of Activities Organizer (unit)				
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Date (DD/MM/YYYY)  Description of Activities  Organizer  CDP (unit)				
Date (DD/MM/YYYY)  Description of Activities  Organizer  CDP (unit)				
Date (DD/MM/YYYY)  Description of Activities  Organizer  CDP (unit)				
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(DD/MM/YYYY) Description of Activities Organizer (unit)	V. Service (Hold	positions on committees of professional association	ns, conference org	anizer)
	(DD/MM/YYYY)	Description of Activities	Organizer	(unit)
			Total	



## **B. DECLARATION**

declare that the information contained within this form is, to the best of my knowledge and belief,
true and correct. I authorize the taking up of any references by the Institute in connection with this
form.

Signature	
	Please type your full name or add electronic signature
Membership Number:	
E-mail:	
Telephone Number:	
Date:	



## To: Hong Kong Institute of Qualified Environmental Professionals Limited

G.P.O. Box 12309 Central, Hong Kong

## Form for Change / Update of Personal Particulars

A. PER	SONAL P	ART	ICULARS (	IF A	PPLICABLE)		
Salutatio	n						
Full Name in English							
(as shown on identity document)			cument)		(Surname)	(	Given Name)
Telephon	e Number				(Office)		(Mobile)
E-mail							
Correspo	ndence Ado	dress					
•				V (IF	APPLICABLE)		
Date of Start	Date o Complet			F	Programme		Issued By
	•				<u> </u>		•
c. CUF	RRENT EN	1PLC	YMENT (I	F AF	PPLICABLE)		
Date of S	tart:		Company	Nam	e:		
Position:			Job Duties	:			
D. OTH	HER PROF	ESSI	ONAL QU	ALIF	ICATION (IF APPLICAB	LE)	
Issue	Date		Expiry Date		Professional Qualif	ication	Issued By
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			ation conta	ined	within this form is to the	hest of my kn	owledge and helief true
I declare that the information contained within this form is, to the best of my knowledge and belief, true and correct. I authorize the taking up of any references by the Institute in connection with this form.							
Signature							
			Plea	ase type your full name or (	add electronic	signature	
Members	ship Numbe	er:					_
Effective	•						
Note:	שמוע.						

#### Note:

- 1. E-mail will be used as primary contact method.
- 2. If you wish to update your record of academic qualification, current employment or other professional qualification since your last membership application, photocopies of documentary proof shall be submitted with this form.



# **Retirement Declaration Form**

Please complete this form if you wish to notify HKIQEP that you are at or over the age of 60 and have retired.

Declaration of Retirement				
I sincerely declare that:  (1) I am at/over the age of 60;and  (2) I have retired from full-time employment.				
I acknowledge that this declaration is true and correct and I make it in the true belief that a person making a false declaration is liable to the membership termination. I authorize the taking up of any references by the Institute in connection with this form.				
Signature				
Name:				
Membership Number:				
E-mail:				
Date:				