

**THE NURSING COUNCIL OF HONG KONG**  
**Application for Restoration of Name to the Register of Nurses / Roll of Enrolled Nurses**  
**and for a Practising Certificate for Nurse**  
**under the Nurses Registration Ordinance, Cap. 164**

**Application Notes**

- 1) To apply for restoration of your name to the register of nurses/roll of enrolled nurses and for a practising certificate for nurse, please complete the application form as required.
- 2) The Council assesses each application on an individual basis.
- 3) The Council is unable to assist with employment issues.
- 4) If you are a nurse registered/enrolled outside Hong Kong, you should detach and send the "Verification of Registration/Enrolment and Good Standing" at page 7 of the application form to the Registration/Enrolment Authority which had issued your Registration/Enrolment Certificate outside Hong Kong for completion. The form must be returned by that Registration/Enrolment Authority to this Council directly.
- 5) Please note that the Registration/Enrolment Authority outside Hong Kong may take three to four months' time on average to complete and return the "Verification of Registration/Enrolment and Good Standing" to this Council.
- 6) If you have practised nursing outside Hong Kong after your name was removed from the register/roll, you should provide testimonial(s) from employer(s) for the Council's consideration.
- 7) If you have not practised nursing outside Hong Kong in the recent year or ever since your name was removed from the register/roll, you are required to submit documentary proof that you have undertaken continuing nursing education (CNE) as follows:-

**Situation**

If your name has been removed from the register/roll for  $\leq 1$  year, and you have not practised nursing outside Hong Kong in the recent year

If your name has been removed from the register/roll for  $>1$  year but  $\leq 2$  years, and you have not practised nursing outside Hong Kong in the recent 2 years

If your name has been removed from the register/roll for  $>2$  years, and you have not practised nursing outside Hong Kong in the recent 3 years

**Requirements**

You should provide documentary proof of attending 15 (for RN) or 10 (for EN) hours of CNE organized by accredited CNE providers in Hong Kong between the date you submit the application for restoration and 1 year before that date

You should provide documentary proof of attending 30 (for RN) or 20 (for EN) hours of CNE organized by accredited CNE providers in Hong Kong between the date you submit the application for restoration and 2 years before that date

You should provide documentary proof of attending 45 (for RN) or 30 (for EN) hours of CNE organized by accredited CNE providers in Hong Kong between the date you submit the application for restoration and 3 years before that date

- 8) The list of accredited CNE providers in Hong Kong is available at the Council's website at [www.nchk.org.hk](http://www.nchk.org.hk).
- 9) If you do not provide documentary proof of the CNE as required in paragraph 7 above when you submit the application for restoration, you will be required to make up the CNE deficiency and provide documentary proof to the Council for consideration.
- 10) You will be notified in writing if you are required to make up the CNE deficiency or fulfill other conditions before you will be allowed to restore your name to the register/roll.
- 11) Please note that according to section 24(1) of the Nurses Registration Ordinance, Cap. 164, Laws of Hong Kong, any person who-
- (a) not being a duly registered nurse in accordance with the provisions of this Ordinance, wilfully pretends to be or takes or uses the name or title of registered nurse, either alone or in combination with any other words or letters, or any name, title, addition, description, uniform, or badge, implying that he is registered or recognized by law as registered; or
  - (b) being a person whose name is included in any part of the register, takes or uses any name, title, addition, description, uniform or badge, or otherwise does any act of any kind, implying that his name is included in some other part of the register; or
  - (c) not being an enrolled nurse wilfully pretends to be or takes or uses the name or title of an enrolled nurse, either alone or in combination with any other words or letters, or any name, title, addition, description, uniform, or badge, implying that he is enrolled or recognized by law as an enrolled nurse; or
  - (d) being a person whose name is included in any part of the roll, takes or uses any name, title, addition, description, uniform or badge, or otherwise does any act of any kind, implying that his name is included in some other part of the roll;
  - (e) at any time, with intent to deceive-
    - (i) in the case of a registered nurse, makes use of any certificate of registration issued to him or to any other person; or
    - (ii) in the case of an enrolled nurse, makes use of any certificate of enrolment issued to him or to any other person; or
  - (f) not being a person whose name is included in any part of the register, or a person whose name is included in any part of the roll, takes or uses the name or title of nurse, either alone or in combination with any other words or letters, or any name, title, addition, description, uniform, or badge, implying that he is a nurse,
- shall be guilty of an offence and shall be liable on summary conviction to a fine of \$1000 and imprisonment for 3 months.
- 12) After you have completed the application form, please submit it, together with the required documents as per paragraph 13 below, **either in person or by post**, to the Secretariat of the Nursing Council, 1/F, Shun Feng International Centre, 182 Queen's Road East, Wanchai, Hong Kong. Photocopies of the applications or applications sent by fax will not be processed. The office hours of the Secretariat are as follows:-
- Mondays: 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 6:00 p.m.  
Tuesdays to Fridays: 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 5:45 p.m.  
(The Secretariat is closed on Saturdays, Sundays and Public Holidays)

- 13) Before submitting your completed application form (pages 1 to 5), please ensure that the following documents are enclosed:-
- (i) Original of the duly completed declaration form at page 6 of the application form;
  - (ii) Your Hong Kong Identity Card / Passport \* ;
  - (iii) Your current/latest certificate to practise nursing issued by the Registration/Enrolment Authority, if you are a registered/enrolled nurse outside Hong Kong (i.e. nurse registration/enrolment certificate and practicing certificate)\* ;
  - (iv) Testimonial(s) from employer(s), if you have practiced nursing outside Hong Kong after your name was removed from the register/roll \* ; and
  - (v) Documentary proof of your CNE, if you have not practiced nursing outside Hong Kong in the recent year or ever since your name was removed from the register/roll \* .
- \* *Note: If you submit the application in person, please bring the originals and photocopies of items (ii) to (v) to the Council Secretariat for verification. The original documents will be returned immediately after verification of the photocopies submitted. If you submit the application by post, please send true copies of these documents, duly legalized/authenticated by notarization, to the Council Secretariat.*
- 14) Missing documents and information will delay the processing of your application.
- 15) The Council will consider to approve the application only when all required documents are provided and found in order. You should take this into account if you are intending to take up employment as a registered/enrolled nurse in Hong Kong, particularly within a short period of time.
- 16) For any enquiries, please feel free to contact the staff of the Council Secretariat at tel. no. 2527 8351 during office hours, or by e-mail to [ncmcdh@netvigator.com](mailto:ncmcdh@netvigator.com).

**THE NURSING COUNCIL OF HONG KONG**

**APPLICATION FORM FOR RESTORATION OF NAME TO  
THE REGISTER OF NURSES / ROLL OF ENROLLED NURSE  
AND FOR A PRACTISING CERTIFICATE FOR NURSES**

(Note: Please read the application notes carefully before completing this application form.  
Please fill in this form in print or typed letters)

**A. Personal Particulars**

1. I apply for my name to be restored to the register of nurses /roll of enrolled nurses maintained by and a practising certificate for nurse issued by the Nursing Council of Hong Kong: -

Registered Nurse \*  for general nursing  
 for psychiatric nursing  
 for mentally subnormal nursing  
 for sick children nursing

Enrolled Nurse \*  for general nursing  
 for psychiatric nursing

*\* Note: Please tick where appropriate*

Date of previous registration with the Nursing Council of Hong Kong        
D D M M Y Y

Date of previous enrolment with the Nursing Council of Hong Kong        
D D M M Y Y

Registration No. \_\_\_\_\_ and/or Enrolment No. \_\_\_\_\_

Date of previous application for restoration (if any)        
D D M M Y Y

2. Surname \_\_\_\_\_ Maiden name \_\_\_\_\_

Forenames \_\_\_\_\_

Name in Chinese characters (if any) \_\_\_\_\_

All former names (if any) \_\_\_\_\_

Date of birth \_\_\_\_\_ Married/Single \_\_\_\_\_

H.K.I.D. / Passport No. # \_\_\_\_\_

*# Note: If you submit the application in person, please bring the original and photocopy of your Hong Kong Identity Card / Passport to the Council Secretariat for verification. The original document will be returned immediately after verification of the photocopy submitted. If you submit the application by post, please send a true copy of the document, duly legalized/authenticated by notarization, to the Council Secretariat.*

Correspondence address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact tel. no. (preferably in Hong Kong) \_\_\_\_\_ Fax no. \_\_\_\_\_

Email address (if any) \_\_\_\_\_

**B. Reason for removal**

3. My name was removed from the register/roll because (*please tick where appropriate*): -

I requested the Nursing Council to remove my name from the register/roll.

The Nursing Council ordered that my name be removed from the register/roll after its inquiry into disciplinary case(s) against me.

Other reasons (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. I give consent for the Nursing Council to refer to all information, documents and evidence relating to previous or outstanding disciplinary case(s) against me, if any, when considering my application for restoration of name to the register/roll and for a practising certificate for nurse.

Yes

No (*Note: If you do not give consent for the Nursing Council to refer to the disciplinary case(s) against you, if any, the Nursing Council may not be able to grant your application for restoration of name to the register/roll and for a practising certificate for nurse.*)

**C. Nursing practice outside Hong Kong and continuing nursing education (CNE)**

5. I am a nurse registered/enrolled outside Hong Kong.

Yes (*please go to questions no. 6 to 9*)

No (*please go to question no. 10 directly*)

6. I have requested the Registration/Enrolment Authority outside Hong Kong to complete and return the "Verification of Registration/Enrolment and Good Standing" at page 7 of this application form to the Council directly.

Yes

No (*Note: The Council will process your application for restoration of name to the register/roll and for a practising certificate for nurse only when the "Verification of Registration/Enrolment and Good Standing" and other required documents are received.*)

7. I enclose my current/latest certificate to practise nursing from the Registration/Enrolment Authority outside Hong Kong (i.e. nurse registration/enrolment certificate and practicing certificate) \*.

\* *Note: If you submit the application in person, please bring the original and photocopy to the Council Secretariat for verification. The original document will be returned immediately after verification of the photocopy submitted. If you submit the application by post, please send a true copy of the document, duly legalized/authenticated by notarization, to the Council Secretariat.*

Yes       No (*Note: The Council will process your application for restoration of name to the register/roll and for a practising certificate for nurse only when your certificates to practise nursing outside Hong Kong and other required documents are received.*)

8. I have practised nursing outside Hong Kong in the recent year or ever since my name was removed from the register/roll of the Nursing Council of Hong Kong.

Yes (*please also complete the following table before go to question no. 9. You may attach extra sheet(s) if required.*)       No (*please go to question no. 10 direct*)

Period { from (month/year) to (month/year) }	Position held	Nature of work (e.g. medical, surgical, gynaecological, sick children, etc.)	Name and address of employing institution

9. I enclose the testimonial(s) from employer(s) about my nursing practice outside Hong Kong as indicated in paragraph 8 above.

Yes       No (*Note: The Council will process your application for restoration of name to the register/roll and for a practising certificate for nurse only when the testimonial(s) from employer(s) and other required documents are received.*)

10. I have undertaken the required CNE organized by the accredited CNE providers in Hong Kong.

(Note: If your name has been removed from the register/roll for  $\leq 1$  year and you have not practised nursing outside Hong Kong in the recent year, you should provide documentary proof of attending 15 (for RN) or 10 (for EN) hours of CNE organized by the accredited CNE providers in Hong Kong between the date you submit the application for restoration and 1 year before that date.

If your name has been removed from the register/roll for  $>1$  year but  $\leq 2$  years and you have not practised nursing outside Hong Kong in the recent 2 years, you should provide documentary proof of attending 30 (for RN) or 20 (for EN) hours of CNE organized by the accredited CNE providers in Hong Kong between the date you submit the application for restoration and 2 years before that date.

If your name has been removed from the register/roll for  $>2$  years and you have not practised nursing outside Hong Kong in the recent 3 years, you should provide documentary proof of attending 45 (for RN) or 30 (for EN) hours of CNE organized by the accredited CNE providers in Hong Kong between the date you submit the application for restoration and 3 years before that date.)

Yes (please provide documentary proof and fill in the following record table)

No

	Course Title	Course Organizers (Accredited CNE Providers in HK)	Period of the Courses	Hours of CNE	Certificate attached ( yes / no)	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

For official use:

Reference No.: \_\_\_\_\_

Date of removal from the \*Register/Roll: \_\_\_\_\_

Date of application for restoration: \_\_\_\_\_

No. of CNE (Hours) & period required: (\_\_\_\_\_) \_\_\_\_\_

Total CNE (Hours) obtained & period covered: (\_\_\_\_\_) \_\_\_\_\_

**D. Other information**

11. I have completed and enclosed the declaration form at page 6 of this application form.

- Yes                       No (*Note: The Council will process your application for restoration of name to the register/roll and for a practising certificate for nurse only when the completed declaration form and other required documents are received.*)

12. I am prepared to pay the prescribed fees and fulfill the requirements as specified by the Nursing Council in the event of my application being approved. (*According to the “Nurses (Registration and Disciplinary Procedure) Regulations” and the “Enrolled Nurses (Enrolment and Disciplinary Procedure) Regulations”, the existing fee for restoration of name to the register of nurses/roll of enrolled nurses is HK\$245.00 while the existing fee for practising certificate is HK\$200.00. Fees are subject to revision.*)

- Yes                       No

**E. Declaration**

13. I declare that the above information given by me is true to the best of my knowledge.

*Note: According to section 17 of the Nurses Registration Ordinance, Cap. 164, Laws of Hong Kong, if, after due inquiry, the Council is satisfied that any registered nurse or any enrolled nurse has obtained registration or enrolment by fraud or misrepresentation, the Council, in its discretion, may order that:-*

- (i) the name of the registered nurse or enrolled nurse be removed from the register or roll;*
- (ii) the name of the registered nurse or enrolled nurse be removed from the register or roll for a specified period; or*
- (iii) such registered nurse or enrolled nurse be reprimanded.*

Signature of applicant: \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Name of applicant: \_\_\_\_\_  
(English) (Chinese)

Signature of witness: \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Name of witness: \_\_\_\_\_  
(English) (Chinese)

Correspondence address of witness: \_\_\_\_\_  
\_\_\_\_\_

Contact tel. no. of witness (preferably in Hong Kong): \_\_\_\_\_

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Please RETURN this Form to:-  
The Secretary,  
Nursing Council of Hong Kong,  
Shun Feng International Centre, 1<sup>st</sup> floor,  
182 Queen's Road East,  
Wanchai,  
Hong Kong.

**DECLARATION FORM**

(Application for Restoration of Name to the Register of Nurses / Roll of Enrolled Nurses  
and for a Practising Certificate for Nurse)

NURSING COUNCIL OF HONG KONG  
The Secretary, Nursing Council of Hong Kong,  
Shun Feng International Centre, 1<sup>st</sup> floor,  
182 Queen's Road East,  
Wanchai, Hong Kong.

**Declaration**

I declare that since my name was removed from the Register of Nurses / Roll of Enrolled Nurses  
on \_\_\_\_\_ :-

- (a) I have / have not\* been convicted of any offence punishable with imprisonment in Hong Kong or elsewhere. <sup>[Note 1]</sup>
- (b) there are / are no\* criminal proceedings in progress against me in Hong Kong or elsewhere. <sup>[Note 2]</sup>
- (c) I have / have not\* been found guilty of unprofessional conduct in place(s) outside Hong Kong. <sup>[Note 1]</sup>
- (d) there are / are no\* professional disciplinary proceedings in progress against me in place(s) outside Hong Kong. <sup>[Note 2]</sup>

In the event of any change in the accuracy of the Declaration made in paragraphs (a) to (d) above, following my conviction of any offence punishable with imprisonment in Hong Kong or elsewhere, commencement of any criminal proceedings against me in Hong Kong or elsewhere, being found guilty of any unprofessional conduct in place(s) outside Hong Kong and/or commencement of any professional disciplinary proceedings against me in place(s) outside Hong Kong subsequent to the completion of the Declaration Form, I undertake to notify and to update the Secretary of the Nursing Council of Hong Kong with the same as soon as it is practicable and with no delay.

Signature of applicant: \_\_\_\_\_

Name of applicant: \_\_\_\_\_  
(English) (Chinese)

Previous Registration and/or Enrolment No.  
with the Nursing Council of Hong Kong\* : \_\_\_\_\_

Correspondence address  
of the applicant: \_\_\_\_\_  
\_\_\_\_\_

Contact tel. no. (preferably in Hong Kong): \_\_\_\_\_

Email address (if any): \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Name of witness: \_\_\_\_\_  
(English) (Chinese)

Correspondence address  
of the witness: \_\_\_\_\_  
\_\_\_\_\_

Contact tel. no. of witness (preferably in Hong Kong): \_\_\_\_\_

Date of Declaration (DD/MM/YYYY): \_\_\_\_\_

*Note 1 : If it is in the affirmative, full details must be attached.*  
*Note 2 : If there are any such proceedings, full details must be attached.*  
*\*Please delete where inappropriate*

**VERIFICATION OF REGISTRATION / ENROLMENT AND GOOD STANDING**

NURSING COUNCIL OF HONG KONG  
The Secretary, Nursing Council of Hong Kong,  
Shun Feng International Centre, 1<sup>st</sup> floor,  
182 Queen's Road East,  
Wanchai, Hong Kong.

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**Instruction to Applicant**

Please send this document to the Registration/Enrolment Authority which issued your Registration/Enrolment Certificate (outside Hong Kong) for completion. That Authority may require a fee for the service you request. You are required to fill in all details under **PART A** below before sending this form to that Authority.

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**Part A - To be completed by the applicant (in BLOCK letters)**

Full name of the applicant \_\_\_\_\_

Registration/Enrolment Authority \_\_\_\_\_

Address of Registration/Enrolment Authority \_\_\_\_\_

\_\_\_\_\_

Registration/Enrolment No. \_\_\_\_\_ Date of Registration/Enrolment \_\_\_\_\_  
DD / MM / YYYY

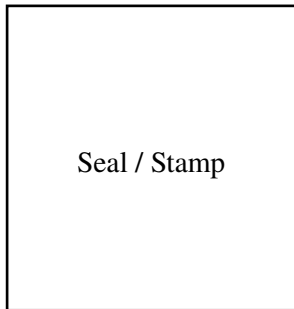
Part under which the registration/enrolment was granted (if applicable) \_\_\_\_\_

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**Part B - To be completed by an officer of the Registration/Enrolment Authority (in BLOCK letters)**

**REQUEST TO REGISTRATION/ENROLMENT AUTHORITY:** Please confirm the registration/enrolment details of the nurse sending you this form by filling in the space provided. After completion, please send this form directly to the Nursing Council of Hong Kong at the address given above.

1. I confirm that the nurse named above has correctly recorded the details of her / his\* Registration / Enrolment\* with our Council / Board\* in Part A and this Registration is / is not\* currently valid.
  2. If his / her\* Registration / Enrolment\* is not currently valid, please state the reason(s): \_\_\_\_\_
- 
3. I confirm that the nurse named above has / has never\* been found guilty of misconduct in a professional respect. I also confirm that there are / there are no\* disciplinary proceedings against him / her\* in process.



Signature \_\_\_\_\_

Full Name \_\_\_\_\_  
(in block letters)

Capacity in Registration/  
Enrolment Authority \_\_\_\_\_

Date (DD / MM / YYYY) \_\_\_\_\_

Please stamp official seal/stamp of Registration/Enrolment Authority in the space provided.

\* Please delete where inappropriate