

**MEDICAL REGISTRATION ORDINANCE  
(Chapter 161)**

**Application for Registration as a  
Medical Practitioner with Limited Registration**

**(Promulgation No. 2)**  
(for an applicant resident in Hong Kong)

I apply for registration as a medical practitioner with limited registration in accordance with section 14A of the Medical Registration Ordinance pursuant to Promulgation (No. 2) of the Medical Council on Limited Registration. My personal particulars are as follows –

- (a) Name : (English) ..... (Chinese) .....
- (b) Date of birth : .....
- (c) Gender : \*Male/Female
- (d) \*Hong Kong Identity Card No. .... and/or  
\*Passport No. .... issued by ..... (country) in ..... (place)
- (e) Permanent address : .....
- (f) Registered address (i.e. address in Hong Kong for service of notices from the Medical Council) :  
..... <See Note 1 >
- (g) Telephone number (optional) : .....
- (h) Fax number (optional) : .....
- (i) E-mail address (optional) : .....

2. I \*agree/do not agree to have my registered address published in the Medical Council's website. <See Note 2 >

3. I have been selected for employment in Hong Kong as a medical practitioner in the following capacity –

- (a) Name of the prospective employer : .....
- (b) Nature of duties to be performed : .....
- (c) Period of employment : (from) ..... (to) .....

4. I hold the following qualifications –

.....

.....

5. I have had the following post qualification clinical experience –

.....

.....

6. I am registered with the following medical authorities –

.....

..... (please provide dates of registration)

7. I confirm that <See Note 3 > -

- a. I \*have/have not been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment.
- b. I \*have/have not been found guilty of misconduct in a professional respect or the subject of any criminal or disciplinary proceedings in Hong Kong or elsewhere.
- c. There \*are/are no criminal or disciplinary proceedings in progress in Hong Kong or elsewhere against me at the date of this application.

8. I solemnly declare that all information provided with this application is accurate, complete and true <See Note 4>.

Declared in Hong Kong

this ..... day of ..... 20.....

}

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(Applicant's signature)

Before me,

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#( )  
Barrister/Solicitor/Commissioner for Oaths\* of Hong Kong  
[# Please sign across the affixed photograph of the applicant]

(Applicant's photograph)

\* delete as appropriate

<Note 1> : Although the registered address may be a practising address, a residential address or a Post Office Box number, the Medical Council advises the applicant to provide the practising address as the registered address. The practising address will be of more meaningful reference for the public in ascertaining who is entitled to practise medicine in Hong Kong, and will also afford privacy to the practitioner's residential address.

<Note 2> : While publication of the registered medical practitioner's registered address in the Gazette is a mandatory requirement under the Medical Registration Ordinance, the Medical Council has decided that a registered medical practitioner may choose whether to have his/her registered address published in the Council's website.

<Note 3>: If there is any such conviction, finding of professional misconduct, or criminal or disciplinary proceedings, details must be provided.

<Note 4>: Applicants are warned that it is a criminal offence punishable by imprisonment to make a false declaration, and they must ensure the accuracy of all information provided.

**Statement of purpose of collection of personal data**

The personal data provided will be used for the purposes associated with registration under the Medical Registration Ordinance. The names, registered addresses, qualifications and dates of qualifications of all persons whose names appear on Part III (limited registration) of the General Register are required to be published annually in the Gazette. The same information (except the registered address where the applicant does not agree) will also be published in the website of the Medical Council to which the general public has access.

Contact information of registered medical practitioners will be provided upon request to bona fide public and non-commercial medical bodies to facilitate communication for non-commercial purposes relating to the practice of medicine.

**To : Secretary, Medical Council of Hong Kong**

**Application for Limited Registration  
under section 14A of the Medical Registration Ordinance (MRO), Cap. 161**

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(Name of the applicant)

I write to recommend the above-named applicant's application for limited registration under section 14A of the MRO <Note 1>.

In my opinion, the applicant is a person of good character and I have no reservation on recommending the applicant to be granted limited registration.

I declare <Note 2> that I

1. am not a relative of the applicant;
2. have known the applicant for at least 12 months; and
3. have the opportunity of judging the applicant's character and my judgement is based on the following :

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Signature : \_\_\_\_\_

Name (in block letter) : \_\_\_\_\_

Occupation / Profession : \_\_\_\_\_

Date : \_\_\_\_\_

If required, I can be contacted at

Address : \_\_\_\_\_

Telephone / Fax No. : \_\_\_\_\_

<Note 1> : Referee is suggested to fill in this form as a character reference letter of the applicant. Referee may wish to write reference in another way as long as the requirements of section 3(3)(j) of the Medical Practitioners (Registration and Disciplinary Procedure) Regulation are fulfilled. The legal requirements are "references from persons, not being relatives of the applicant, who have known the applicant for at least 12 months and who have the opportunity of judging his character". The Medical Council will judge on the information provided as to whether the applicant is of good character and will contact the referee if the information provided is insufficient.

<Note 2>: Referee is warned that it is a criminal offence punishable by imprisonment to make a false declaration, and referee must ensure the accuracy of all information provided.

To : Secretary, Medical Council of Hong Kong

**Application for Limited Registration  
under section 14A of the Medical Registration Ordinance (MRO), Cap. 161**

\_\_\_\_\_  
(Name of the applicant)

I write to recommend the above-named applicant's application for limited registration under section 14A of the MRO <Note 1>.

In my opinion, the applicant is a person of good character and I have no reservation on recommending the applicant to be granted limited registration.

I declare <Note 2> that I

1. am not a relative of the applicant;
2. have known the applicant for at least 12 months; and
3. have the opportunity of judging the applicant's character and my judgement is based on the following :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature : \_\_\_\_\_

Name (in block letter) : \_\_\_\_\_

Occupation / Profession : \_\_\_\_\_

Date : \_\_\_\_\_

If required, I can be contacted at

Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone / Fax No. : \_\_\_\_\_

<Note 1> : Referee is suggested to fill in this form as a character reference letter of the applicant. Referee may wish to write reference in another way as long as the requirements of section 3(3)(j) of the Medical Practitioners (Registration and Disciplinary Procedure) Regulation are fulfilled. The legal requirements are "references from persons, not being relatives of the applicant, who have known the applicant for at least 12 months and who have the opportunity of judging his character". The Medical Council will judge on the information provided as to whether the applicant is of good character and will contact the referee if the information provided is insufficient.

<Note 2>: Referee is warned that it is a criminal offence punishable by imprisonment to make a false declaration, and referee must ensure the accuracy of all information provided.

## **Explanatory note for applicants** **applying for limited registration under Promulgation No. 2**

Pursuant to section 14A of the Medical Registration Ordinance, Chapter 161, Laws of Hong Kong, the Medical Council of Hong Kong has determined that, until such time as the Council may otherwise determine, the following types of full-time employment are appropriate and necessary for limited registration for the purpose of the Ordinance:-

- (a) Employment as a medical practitioner by the Government for the purpose of research work or for such clinical practice of medicine or special health care services, as specified by the Director of Health;
- (b) Employment as a medical practitioner by the Hospital Authority for the purpose of research work or for such clinical practice of medicine or hospital work, as specified by the Authority;
- (c) Employment as a medical practitioner by the University of Hong Kong or the Chinese University of Hong Kong for the purpose of teaching, research, or performing hospital work, in the Faculty of Medicine;

provided that those medical practitioners so registered cannot practise outside their employment mentioned respectively in (a) or (b) or (c) above.

Persons wishing to be registered as medical practitioners with limited registration may direct their applications to:-

The Medical Council of Hong Kong  
17<sup>th</sup> Floor, Wu Chung House  
213 Queen's Road East  
Wanchai  
Hong Kong

To apply for limited registration, an applicant is required to provide the following documents:-

1. a completed application form with declaration (Note A);
2. a Certification of Employment from the employing institution certifying that his/her qualifications meet the criteria for limited registration under section 14A of the Medical Registration Ordinance and that his/her appointment is necessary and appropriate to meet the community's need for medical service and/or training;
3. a notarized copy of his/her passport or Hong Kong Identity Card (Note B);
4. the original (together with one photocopy each) or notarized copies of his/her professional qualifications;
5. the original (together with one photocopy) or notarized copies of his/her certificate of registration or other document evidencing his/her registration with a medical authority outside Hong Kong at the date of the application for limited registration;
6. the original (together with one photocopy) or notarized copies of proof of adequate and relevant full time post-qualification clinical experience;
7. references as to the applicant's character from at least 2 persons, not being relatives of the applicant, who have known the applicant for at least 12 months and who have the opportunity of judging his character (Referees must put down on what basis he/she was able to judge the applicant's character under point 3 of the form);
8. for an applicant who is registered outside Hong Kong, a certificate of good standing by the relevant registration authority issued not earlier than 3 months before the application;
9. two copies of the applicant's photograph of a size not greater than 50 x 70 mm and not less than 40 x 60 mm; and

10. a crossed cheque or banker's draft for **HK\$1,450\*** made payable to “**The Government of the Hong Kong Special Administrative Region**” (香港特別行政區政府)  
(HK\$1,100\* being registration fee and HK\$350\* being fee for a practising certificate)  
[\* Fees subject to revision]

Note A : Applicants are warned that it is a criminal offence punishable by imprisonment to make a false declaration, and they must ensure the accuracy of all information provided.

Note B : If the applicant submits his/her application in person, he/she may choose to produce the original (together with a photocopy) of his/her passport or Hong Kong Identity Card, instead of the notarised copy.