

# MEDICAL COUNCIL OF HONG KONG

## Application for Limited Registration under section 14A of Medical Registration Ordinance

### (Promulgation No. 2)

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) Surname (English) : \_\_\_\_\_ (Chinese) : \_\_\_\_\_  
Given 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) :  
(English) \_\_\_\_\_  
(Chinese) \_\_\_\_\_ <See Note 1>
- (g) Telephone number : \_\_\_\_\_
- (h) Fax number : \_\_\_\_\_
- (i) E-mail address : \_\_\_\_\_

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 during the employment period as specified in the Certification of Employment provided by the prospective employer –

- (a) Name of the prospective employer : \_\_\_\_\_  
\_\_\_\_\_
- (b) Nature of duties to be performed (please specify area of research / teaching, as appropriate):  
\_\_\_\_\_  
\_\_\_\_\_

4. I hold the following qualifications –

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

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

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

6. I am registered as a medical practitioner with the following medical authorities (set out **ALL** authorities with which you are registered) –

| State/Territory/Place | Medical Authority | Period of Registration |
|-----------------------|-------------------|------------------------|
|                       |                   | to                     |
|                       |                   | to                     |
|                       |                   | to                     |

Submit: Certificate(s) of good standing (original) (issued by EACH medical authority within 3 months before this application) (*For resident outside Hong Kong only*)

7. I confirm that <See Note 3 > -

- (a) I \*have/have **never** been convicted of a criminal offence **punishable** with imprisonment (irrespective of whether actually sentenced to imprisonment) in **Hong Kong or elsewhere**.
- (b) I \*am/am **not** currently the subject of any on-going criminal proceeding(s) in **Hong Kong or elsewhere**.
- (c) I \*have/have **never** been found guilty of professional misconduct by any professional body in **Hong Kong or elsewhere**.
- (d) I \*am/am **not** currently the subject of any on-going disciplinary proceeding(s) by any professional body in **Hong Kong or elsewhere**.

(\* delete as appropriate)

<Note 1> : Although the registered address may be a practising address, a residential address or a Post Office Box number, the applicant is advised 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 as the registered address is published in the Gazette (which is also available in the Government's e-Gazette website).

<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, full details must be provided.

**Statutory Declaration**

**WARNING**

**Applicant must ensure the truth and accuracy of all information provided. Making a false declaration (including failure to disclose relevant information) is an offence punishable with imprisonment under the Crimes Ordinance. Cases of false declaration will be reported to the relevant authorities for investigation and prosecution.**

I \_\_\_\_\_ (Applicant’s name) of \_\_\_\_\_  
\_\_\_\_\_ (address)

solemnly and sincerely declare that all information and documents provided for this application are **true and accurate**.

Applicant’s recent photograph  
  
(with signature of administrator of oath)  
  
(size: 40 x 60mm to 50 x 70mm)

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Ordinance.

Applicant’s Signature : \_\_\_\_\_

\*\*\*\*\*

The above declaration was made on \_\_\_\_\_ (date) at \_\_\_\_\_ (place)

Before me (administrator of oath),

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

Name: \_\_\_\_\_(BLOCK letters)

\*Status:  Commissioner for Oaths  Solicitor  
 Barrister  Notary Public

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

Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

Official Stamp

\*A declaration made **outside Hong Kong** must be made before a **Notary Public**.

# MEDICAL COUNCIL OF HONG KONG

## Application for Limited Registration under Promulgation No. 2

### Character Reference (1)

I recommend \_\_\_\_\_ (Applicant's name) for limited registration as a medical practitioner under section 14A of the Medical Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:-

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

In my judgment, the Applicant is a person of good character and is fit and proper to be registered as a medical practitioner with limited registration.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):-

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

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Medical Council can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

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

Name : \_\_\_\_\_ (BLOCK letters)

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

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

Telephone No. : \_\_\_\_\_

Email : \_\_\_\_\_

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

#### WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a medical practitioner under section 14A of the Medical Practitioners Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

# MEDICAL COUNCIL OF HONG KONG

## Application for Limited Registration under Promulgation No. 2

### Character Reference (2)

I recommend \_\_\_\_\_ (Applicant's name) for limited registration as a medical practitioner under section 14A of the Medical Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:-

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In my judgment, the Applicant is a person of good character and is fit and proper to be registered as a medical practitioner with limited registration.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):-

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I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Medical Council can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

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

Name : \_\_\_\_\_ (BLOCK letters)

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

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

Telephone No. : \_\_\_\_\_

Email : \_\_\_\_\_

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

#### WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a medical practitioner under section 14A of the Medical Practitioners Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

## **Personal Information Collection Statement**

### Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for registration as a registered medical practitioner with limited registration. It is voluntary for you to provide your personal data. However, if you do not provide sufficient information, we may not be able to process your application.

### Disclosure to the Public

2. In accordance with section 15 of the Medical Registration Ordinance, Part I and Part III of the General Register are published annually in the Gazette, setting out the names, addresses, qualifications and dates of the qualifications of all persons included therein. The main purpose of such publication is to inform the public who is, or is not, registered as a medical practitioner, and who is entitled to practise medicine.

3. The information published in the Gazette will also be published in the website of the Medical Council of Hong Kong. You have the option to indicate whether you agree or refuse to have your registered address published in the Medical Council's website. Any subsequent change of option should be notified in writing to the Registrar of Medical Practitioners, and the change will be reflected in the next update of the website information.

### Transfer to Others

4. The personal data you provide will be used mainly by the Medical Council of Hong Kong. They may also be disclosed to other persons, bodies or authorities for the purposes set out in paragraph 1 above or in circumstances permitted under the Personal Data (Privacy) Ordinance.

### Access to Personal Data

5. You have a right to request access to and correction of your personal data held by us. A fee may be charged for such access or correction. Request for access or correction should be made in writing to:-

Secretary, Medical Council of Hong Kong  
c/o Central Registration Office  
17/F, Wu Chung House  
213, Queen's Road East  
Wanchai, Hong Kong

## Application for Limited Registration under Promulgation No. 2

### Guidance Note

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

- (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.

Please note the following in making the application:-

1. Complete application form clearly and in BLOCK letters. Incomplete or illegible applications will not be processed. Documents submitted will not be returned.
2. Make a statutory declaration before a Commissioner for Oaths, Solicitor or Barrister in Hong Kong or a Notary Public outside Hong Kong to confirm the truth of all information provided. Declaration service is also available free of charge at the Central Registration Office.
3. Submit:-
  - (a) **photocopies of**
    - (i) identity document (Hong Kong Identity Card or passport);
    - (ii) qualification certificate;
    - (iii) certificate of registration or other document evidencing your registration with a medical authority outside Hong Kong at the date of the application for limited registration; and
    - (iv) proof of adequate and relevant full time post-qualification clinical experience;

which must be

- (i) certified true copies by the administrator of oath before whom the statutory declaration is made; or
- (ii) verified by the Central Registration Office (you must present both the originals and the photocopies in person for verification);

(b) **originals** of the following:-

- (i) 4 recent photographs (size: 40 x 60mm to 50 x 70mm), one of which to be affixed to application form;
- (ii) a Certification of Employment from the employing institution certifying that your qualifications meet the criteria for limited registration under section 14A of the MRO and that your appointment is necessary and appropriate to meet the community's need for medical service and/or training;
- (iii) references as to your character from at least 2 persons, not being your relatives, who have known you for at least 12 months and who have the opportunity of judging your character;
- (iv) a certificate of good standing issued (within 3 months before the application) by each medical authority of a state, territory or place outside Hong Kong with which you are registered as a medical practitioner (if any), ***if you are resident outside Hong Kong***;

(c) a crossed cheque or banker's draft for HK\$1,450\* made payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". (HK\$1,100\* being prescribed fee for limited registration and HK\$350\* being fee for a practising certificate) [*\*Fees subject to revision*]

4. Completed application form, together with all supporting documents and the prescribed fees, should be submitted in person or by post to:-

Registrar of Medical Practitioners  
c/o Central Registration Office  
17/F, Wu Chung House  
213, Queen's Road East  
Wanchai, Hong Kong

5. Enquiries should be directed to the Central Registration Office at 2961 8648.