

MEDICAL COUNCIL OF HONG KONG

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

(Promulgation No. 3)

I _____ (*English name*) _____ (*Chinese name*) of
Registration No. _____ apply for renewal of my current limited registration which will expire on
_____ under section 14A of the Medical Registration Ordinance.

2. I confirm that I shall remain employed in Hong Kong by the following institution for the medical duties as specified in the Promulgation No. 3 of the Medical Council on Limited Registration gazetted on 3 November 1995 –

Name and Address of Institution(s) (社團名稱及地址)	Name and Address of the Clinic(s) (診療所名稱及地址)
(English)	(English)
(Chinese)	(Chinese)

3. I confirm that <See Note 1> –

- (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**.

4. I solemnly and sincerely declare that all information and documents provided with this application are true and accurate <See Note 2>.

Date :

(Applicant's signature)

(* delete as appropriate)

<Note 1>: If there is any such conviction, finding of professional misconduct, or criminal or disciplinary proceedings, full details must be provided.

<Note 2>: 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.

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 information published in the Gazette will also be published in the website of the Medical Council of Hong Kong. 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.

Transfer to Others

3. 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

4. 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 Renewal of Limited Registration under Promulgation No. 3

Guidance Note

1. Complete application form clearly and in BLOCK letters. Incomplete or illegible applications will not be processed. Documents submitted will not be returned.
2. Submit:-
 - (a) **photocopy** of the identity document (Hong Kong Identity Card or passport), which must be
 - (i) certified true copies by a Commissioner for Oaths, Solicitors or Barrister in Hong Kong or notarized copies by a Notary Public outside Hong Kong; or
 - (ii) verified by the Central Registration Office (you must present both the originals and the photocopies in person for verification);
 - (b) **original** of an official letter from the employer/employing institution certifying that you have been appointed for the provision of primary healthcare and you are responsible for the medical management of a clinic exempted from the provisions of section 7 of the Medical Clinics Ordinance, Cap. 343 and that your appointment is necessary and appropriate to meet the community's need for medical service (the name chop of the employing institution has to be stamped on the official letter);
 - (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*]
3. 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

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