

Medical Council of Hong Kong
Guidance Notes for Restoration to the General Register

If you wish to apply for restoration of your name to the General Register, you are required to:-

- (a) complete the application form attached (please ensure that you have indicated on the application form whether you wish to have your name restored to the resident list or the non-resident list of the General Register);
- (b) complete the Data Form attached, please ensure to provide a corresponding address:-
 - (i) in Hong Kong if you apply for restoration to the resident list; or
 - (ii) outside Hong Kong if you apply for restoration to the non-resident list;
- (c) provide a copy of statutory declaration made before :-
 - (i) a barrister, a solicitor or a commissioner for oaths, if the applicant is resident in Hong Kong; or
 - (ii) a notary public, if the applicant is resident outside Hong Kong

The content of the declaration should contain whether :-

- (i) you have practised medicine in jurisdictions outside Hong Kong;
- (ii) there has been any criminal proceedings against you, whether completed or in progress, in Hong Kong or elsewhere;
- (iii) there has been any proceedings for professional misconduct, whether instituted before or after your name was removed from the General Register, relating to your practice as a medical practitioner in Hong Kong or elsewhere; and
- (iv) you have been refused registration/restoration to a register of medical practitioners in Hong Kong or elsewhere.

Note : (if there is any such convictions/proceedings/refusal, full details must be enclosed with the application.

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.);

- (d) provide a Certificate of Good Standing from the medical authority which has jurisdiction over the applicant's latest practice if he/she has practised in other jurisdictions since his/her name was removed from the General Register (The certificate must be issued not earlier than three months before the application is received by the Medical Council of Hong Kong);
- (e) provide one recent passport-size photograph if:-
 - (i) your name was on the Resident List before removal from the General Register but you now apply for restoration to the Non-resident list; or
 - (ii) your name was on the Non-resident List before removal from the General Register but you now apply for restoration to the Resident list;
- (f) provide a crossed cheque or banker's draft (Note) made payable to "The Government of the Hong Kong Special Administrative Region"

Note

Name appeared on Resident List before removal from the General Register	Apply restoration of name to	Fee payable
Resident List	Resident List	Restoration HK\$690 Annual practising certificate HK\$350 Total HK\$1,040
Resident List	Non-resident List	Restoration HK\$690 Transfer HK\$345 Annual retention certificate HK\$320 Total HK\$1,355
Non-resident List	Non-resident List	Restoration HK\$690 Annual retention certificate HK\$320 Total HK\$1,010
Non-resident List	Resident List	Restoration HK\$690 Transfer HK\$345 Annual practising certificate HK\$350 Total HK\$1,385

[* Fees subject to revision]

Medical Council of Hong Kong

Application for Restoration to the General Register

[Note 1]

I wish to apply to the Medical Council of Hong Kong for the restoration of my name to the resident/non-resident* list of the General Register.

I confirm that since my name was removed from the General Register on _____ :-

- (a) I have/have not* practised medicine in jurisdictions outside Hong Kong [Note 2];
- (b) there has/has not* been criminal proceedings against me, whether completed or in progress, in Hong Kong or elsewhere [Note 3];
- (c) there has/has not* been proceedings for professional misconduct, whether instituted before or after my name was removed from the General Register, relating to my practice as a medical practitioner in Hong Kong or elsewhere [Note 3]; and
- (d) I have/have not* been refused registration/restoration to a register of medical practitioners in Hong Kong or elsewhere [Note 4].

Signature : _____
Name : _____
Address : _____

Telephone : _____
Date : _____

Note 1 : The application must be supported by a statutory declaration made before:-
(a) a barrister, a solicitor or a commissioner for oaths, if the applicant is resident in Hong Kong; or
(b) a notary public, if the applicant is resident outside Hong Kong as to the truth of its contents.

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 2 : If the applicant has practised in other jurisdictions since his name was removed from the General Register, this application must be supported by a Certificate of Good Standing from the medical authority which has jurisdiction over his latest practice. The certificate must be issued not earlier than three months before this application is received by the Medical Council.

Note 3 : If there is any such proceedings, full details must be provided.

Note 4 : If there has been a refusal, full details must be provided.

Note 5: If the applicant pays the fee by cheque, the cheque will be cashed and the fee is accepted provisionally pending determination of the application. If the application is rejected, the fee will be refunded to the applicant.

* Please delete as appropriate.

Declaration

I,

of

solemnly and sincerely declare that :

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

Declared at

this day of 20.....

(Signature of declarant)

Before me,

*Barrister/Solicitor
*Commissioner for Oaths
*Notary Public

* delete as appropriate

Note: 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.

Please complete and return to Secretary, Medical Council at 17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong.

The Medical Council of Hong Kong

Data Form

Registration No. (*if known*) : _____

Registered Name : _____
(*English*) (Chinese, if applicable)

HKID / Passport* No. : _____ Date of Birth : _____
(*dd/mm/yyyy*)

Address (to be recorded in the General Register) :

In English _____

In Chinese _____
(applicable _____
for Hong _____
Kong _____
address) _____

Contact Telephone / Pager No. : _____

I * wish / do not wish to have my registered address published in the Medical Council's homepage.

* delete as appropriate