

**NURSING COUNCIL OF HONG KONG  
APPLICATION FOR VERIFICATION OF REGISTRATION**

APPLICATION FOR VERIFICATION OF REGISTRATION (\$195)

Payment Type 390

- Method of payment : (i) By crossed cheque payable to the "The Government of the Hong Kong Special Administrative Region". The cheque should be sent to the Central Registration Office, 17/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.
- (ii) By cash payable at the Accounts Office, Department of Health, Wu Chung House, 17th floor, 213 Queen's Road East, Wan Chai, Hong Kong

1. Name : \_\_\_\_\_  
(in English) (in Chinese, if applicable)

2. Address : \_\_\_\_\_  
\_\_\_\_\_ Tel : \_\_\_\_\_

3. Details of Registration :-

<u>Category</u> (tick whichever is appropriate)	<u>Registration Number</u>	<u>Date of Registration</u>
<input type="checkbox"/> Registered Nurse (General)	_____	_____
<input type="checkbox"/> Registered Nurse (Mental)	_____	_____
<input type="checkbox"/> Registered Nurse (Mentally Subnormal)	_____	_____
<input type="checkbox"/> Registered Nurse (Sick Children)	_____	_____

4. Details of Nurse Training :-

<u>Name of Training Hospital</u>		<u>Period of Training</u> (Day/Month/Year)
_____	From	_____
_____	To	_____

5. Authorization :-

I hereby authorize the Nursing Council of Hong Kong to send the verification of my registration as detailed above to \_\_\_\_\_

\_\_\_\_\_

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

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

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**FOR OFFICIAL USE**

<u>Details of Payment</u>	<u>Action Taken</u>
Receipt No. : _____	Verification
Amount : _____	issued on : _____
Date : _____	