

**MEDICAL REGISTRATION ORDINANCE**

**(Chapter 161)**

**Limited Registration (Promulgation No. 2)**

**Certification of Employment**

This is a certificate of employment in support of the application of Dr. \_\_\_\_\_ for limited registration / renewal of limited registration\* under section 14A of the Medical Registration Ordinance, Cap. 161.

2. The applicant holds the following professional qualifications and experience:-

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.....  
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3. ☐ The applicant is required to perform clinical work.  
☐ The applicant is able to communicate with patients in Chinese.  
☐ The applicant is not able to communicate with patients in Chinese.  
☐ The applicant is not able to communicate with patients in Chinese, but interpretation will be available to facilitate communication.  
  
☐ The applicant is not required to perform hospital work.  
(tick as appropriate)

4. I confirm that the applicant has been selected for full-time employment on the following terms:-

(a) Capacity of appointment : .....  
.....

(b) Department/Office of the employing institution in which the applicant will be working : .....  
.....

(c) Nature of duties to be performed : .....  
.....

(d) Terms of appointment -

- (i) Permanent terms (commencement date .....)  
/ Contract terms (from ..... to .....) \*

(ii) New appointment / Renewal of contract \*

Date of first appointment : .....

Duration of previous appointments : .....

Number of renewals of contract : .....

(e) The applicant's remuneration will be paid predominantly by the employing institution (i.e. not derived from medical services provided to private patients).

(f) The applicant will not spend more than 10% of his/her\* time on seeing private patients.

5. Justifications

(a) Purpose for appointment -

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(b) Justification for appointing the applicant -

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(c) Reasons for employing a medical practitioner with limited registration instead a medical practitioner with full registration -

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(d) The specific areas of medical practice for which the limited registration is required (The Medical Council will consider whether and what restriction on the applicant's scope of practice should be imposed based on this information) -

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(e) Consequences if this application is not approved -

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(f) Any other remarks -

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6. I certify that the applicant's 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.

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(Signature)

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(Full name in block letters)

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(Position)

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(Date)

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(Employing Institution)

\* delete as appropriate