

# MEDICAL COUNCIL OF HONG KONG

## Application for Provisional Registration under section 12 of Medical Registration Ordinance, Chapter 161, Laws of Hong Kong

I apply for provisional registration under section 12 of the Medical Registration Ordinance, Chapter 161, Laws of Hong Kong. Details of my personal particulars and qualification are set out below.

### Personal Particulars

Full Name (Must match name in HKID/Passport)	(Family name) (Given name) in Chinese (if any)		
HKID Card No.			
Passport No. (If no HKID)		Issuing Country	
Date of Birth	Day Month Year		<input type="checkbox"/> Male <input type="checkbox"/> Female
Tel. No.	country code / area code /		
Fax No.	country code / area code /		
Registered Address in Hong Kong (Official address for service of all notices)	(English)		
	(Chinese)		

## **Examination**

I have passed	<input type="checkbox"/> the qualifying examination for award of MB ChB (CUHK)
	<input type="checkbox"/> the qualifying examination for award of MB BS (HK)
	<input type="checkbox"/> the Licensing Examination conducted by MCHK
Date of notification of passing the examination by the relevant authority	Month                      Year

## **Internship**

<input type="checkbox"/> I have been offered employment to undergo internship in a resident medical capacity in an approved hospital for 12 months. (for graduates of CUHK and HKU)
<input type="checkbox"/> I have been engaged to undergo assessment in an approved hospital for 12 months. (for applicants passing the Licensing Examination)

## **Criminal Conviction / Misconduct**

I	* <input type="checkbox"/> have <input type="checkbox"/> have <b>NEVER</b>	been convicted of a criminal offence <b>punishable</b> with imprisonment (irrespective of whether actually sentenced to imprisonment) in <b>Hong Kong or elsewhere.</b>
I	* <input type="checkbox"/> am <input type="checkbox"/> am <b>NOT</b>	currently the subject of any on-going criminal proceeding(s) in <b>Hong Kong or elsewhere.</b>
I	* <input type="checkbox"/> have <input type="checkbox"/> have <b>NEVER</b>	been found guilty of misconduct in disciplinary proceeding(s) by my medical school or other relevant authorities or official bodies in <b>Hong Kong or elsewhere.</b>
I	* <input type="checkbox"/> am <input type="checkbox"/> am <b>NOT</b>	currently the subject of any on-going disciplinary proceeding(s) by my medical school or other relevant authorities or official bodies in <b>Hong Kong or elsewhere.</b>
* Provide FULL details in a separate sheet		

## Certificate of Good Standing/ Character

☐ I have **NEVER** been registered as a medical practitioner in any place.

- (1) For an applicant graduating from CUHK or HKU - a letter of recommendation for provisional registration, setting out the fitness to practise issues (if any) will be issued by the dean of medical school directly to the Registrar of Medical Practitioners.
- (2) For an applicant graduating from an overseas medical school – submit a certificate of good character (original) (issued by the dean of medical school, or the authorized person of the hospital in which you LAST received internship / residency training).

☐ I **HAVE BEEN** registered as a medical practitioner in the following places (set out **ALL** places in which you have been registered):-

Country/Place	Registration/Licensing Authority	Period of Registration	Currently Registered (yes/no)
		to	
		to	
		to	

- Submit:
- (1) Certificate(s) of good standing (original) (issued by **EACH** registration/licensing authority within 3 months before this application)
  - (2) Registration certificate/license (copy) (issued by **CURRENTLY** registered authority)

## Consent for Obtaining Information on Fitness to Practise

☐ I hereby give consent for the Council to obtain information about my fitness to practise from the relevant authorities, including the medical school.

## **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 Police 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**.

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

Applicant's  
recent photograph

(size: 40 x 60mm  
to 50 x 70mm)

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 ☐ Notary Public

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

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

Official Stamp

\* A declaration made **outside Hong Kong** must be made before a **Notary Public**.  
Administrator of oath should sign across the Applicant's photograph affixed above.

## Guidance Note

1. Complete application form clearly and in BLOCK letters. Incomplete or illegible applications will not be processed. Insert ✓ sign in appropriate boxes. Documents submitted will not be returned.
2. Make a declaration before a Commissioner for Oaths, solicitor or notary public to confirm the truth of all information provided. Declaration service is also available free of charge at the Central Registration Office.
3. Submit the following documents:-
  - (a) photocopies of
    - (i) identity document (Hong Kong Identity Card or passport); and
    - (ii) registration certificate / license with overseas medical authority, if any;which must be
    - (i) notarized by a notary public (photocopies certified by other persons e.g. solicitor, Justice of Peace will not be accepted); or
    - (ii) verified by the Central Registration Office (the applicant must present both the originals and photocopies in person to the Secretariat for verification).
  - (b) two recent photographs (size: 40 x 60mm to 50 x 70mm), one of them affixed to the application form;
  - (c) a crossed cheque or banker's draft for the provisional registration fee, payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". [Current provisional registration fee: HK\$335 (subject to revision)];
  - (d) proof of (i) passing the relevant examination, and (ii) employment for internship in an approved hospital (to be issued by the local medical school or the Licentiate Committee of the Medical Council to the Registrar of Medical Practitioners direct);
  - (e) a letter of recommendation for provisional registration, setting out fitness to practise concern, if any (to be issued by the local medical school to the Registrar of Medical Practitioners direct) (applicable to applicants graduating from local medical schools); and
  - (f) originals of certificate(s) of good standing/ character (applicable to applicants graduating from overseas medical schools).
4. Completed application form, together with all supporting documents and the provisional registration fee, should be submitted **registered post or hand delivery** 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 8655 or 2961 8648.