

MEDICAL REGISTRATION ORDINANCE
(Chapter 161)

APPLICATION FOR SPECIALIST REGISTRATION

I(.....) [Registration No.]
(in English) (in Chinese)
wish to apply for the inclusion of my name in the Specialist Register in the specialty of
in accordance with section 20K of the Medical Registration Ordinance. I (*M/F) was born on
(date of birth)
and am the holder of HKID Card No. *and/or passport of (issuing country and
place) No..... My address is the same one registered on the General
Register; and my *Fax Number/day-time contact telephone no. is

2. I *have/have not been convicted of any offence punishable with imprisonment, and I *have/have not been found guilty of misconduct in a professional respect, in Hong Kong or elsewhere. <Note 1>

3. (a) My particulars are as follows (please tick in the box):-

- ☐ (i) I am a Fellow of the Hong Kong Academy of Medicine, and I have been certified by the Hong Kong Academy of Medicine that I have completed the post-graduate medical training and have satisfied that continuing medical education requirements for the relevant specialty.
- ☐ (ii) I am not a Fellow of the Hong Kong Academy of Medicine, but I have been certified by the Hong Kong Academy of Medicine that –
I have achieved a professional standard comparable to that recognized by the Hong Kong Academy of Medicine for the award of its fellowship and have completed the post-graduate medical training and satisfied the continuing medical education requirements comparable to those recommended by the Academy for the relevant specialty.
- ☐ (iii) I am not a Fellow of the Hong Kong Academy of Medicine, and I have not obtained certification from the Hong Kong Academy of Medicine as to the above.

(b) I hold the following qualifications for specialist registration –

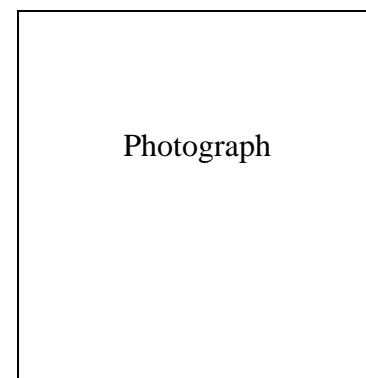
.....
.....
.....

Declared at *Hong Kong/@..... <Note 2> }
this day of 20..... }
(Applicant's signature)

Before me,

.....
#(.....) <Note 2>
*Commissioner for Oaths/Barrister/Solicitor, of Hong Kong
or *Notary Public, of @.....

Please also sign across the affixed photograph of the applicant
@ Insert place of residence of applicant
* Delete as appropriate



<Note 1> : If there is any such conviction, details must be enclosed with this application form.

<Note 2> : The particulars in this application form must be declared in the presence of –

- (a) a Commissioner for Oaths or a barrister or a solicitor if the applicant is currently registered on the resident list of the General Register
or
(b) a Notary Public if the applicant is currently registered on the non-resident list of the General Register
who shall also sign across the applicant's photograph on the application form.

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.

**Medical Practitioners (Registration and
Disciplinary Procedure) Regulations
(Regulation 4(3)(c))**

Evidence of Identity

(This Evidence of Identity must be completed by -

(a) a Commissioner for Oaths or a barrister or a solicitor *if the applicant is currently registered on the resident list of the General Register*

or

(b) a Notary Public *if the applicant is currently registered on the non-resident list of the General Register*)

I certify that I have personally checked the personal particulars and photo provided in the application form for specialist registration in Hong Kong in respect of I am satisfied that they are the same as shown in

(Name of applicant)

his/her identity card or passport or both.

Signature :

Name in Block Letters :

Address :

.....

.....

Position held : *Commissioner for Oaths/Barrister/
Solicitor of Hong Kong
or * Notary Public of @

[Delete as appropriate*

@ Insert place of residence of applicant]

Date :

To : Secretary, Medical Council of Hong Kong

Application for Specialist Registration

(Name of the applicant)

I write to recommend the above-named doctor's application for specialist registration
<Note 1>.

In my opinion, the applicant is a person of good character and I have no reservation on recommending the applicant's name to be included in the Specialist Register.

I declare <Note 2> that I

1. am not a relative of the applicant;
2. have known the applicant for at least 12 months; and
3. have the opportunity of judging the applicant's character and my judgement is based on the following :

Signature : _____

Name (in block letter) : _____

Occupation / Profession : _____

Date : _____

If required, I can be contacted at

Address : _____

Telephone / Fax No. : _____

<Note 1> : Referee is suggested to fill in this form as a character reference letter of the applicant. Referee may wish to write reference in another way as long as the requirements of section 4(3)(h) of the Medical Practitioners (Regulation and Disciplinary Procedure) Regulation are fulfilled. The legal requirements are "references from person, not being relative of the applicant, who have known the applicant for at least 12 months and who have the opportunity of judging his character". The Medical Council will judge on the information provided as to whether the applicant is of good character and will contact the referee if the information provided is insufficient.

<Note 2>: Referee is warned that it is a criminal offence punishable by imprisonment to make a false declaration, and referee must ensure the accuracy of all information provided.

To : Secretary, Medical Council of Hong Kong

Application for Specialist Registration

(Name of the applicant)

I write to recommend the above-named doctor's application for specialist registration
<Note 1>.

In my opinion, the applicant is a person of good character and I have no reservation on recommending the applicant's name to be included in the Specialist Register.

I declare <Note 2> that I

1. am not a relative of the applicant;
2. have known the applicant for at least 12 months; and
3. have the opportunity of judging the applicant's character and my judgement is based on the following :

Signature : _____

Name (in block letter) : _____

Occupation / Profession : _____

Date : _____

If required, I can be contacted at

Address : _____

Telephone / Fax No. : _____

<Note 1> : Referee is suggested to fill in this form as a character reference letter of the applicant. Referee may wish to write reference in another way as long as the requirements of section 4(3)(h) of the Medical Practitioners (Regulation and Disciplinary Procedure) Regulation are fulfilled. The legal requirements are "references from person, not being relative of the applicant, who have known the applicant for at least 12 months and who have the opportunity of judging his character". The Medical Council will judge on the information provided as to whether the applicant is of good character and will contact the referee if the information provided is insufficient.

<Note 2>: Referee is warned that it is a criminal offence punishable by imprisonment to make a false declaration, and referee must ensure the accuracy of all information provided.

Statement of Purposes

Purpose of Collection

1. The personal data provided by you to the Medical Council of Hong Kong are for the purposes of processing the application you are currently making and facilitating the provisions of the Medical Registration Ordinance (Cap. 161). The provision of personal data is voluntary. If you do not provide sufficient information, the Medical Council may not be able to process your application.

Disclosure of Personal Data to the Public

2. Under section 15 of the Medical Registration Ordinance, a list of names, addresses, qualifications and dates of the qualifications of all persons whose names appear on Part I (full registration) and Part III (limited registration) of the General Register has to be published annually in the Gazette. A list of names, addresses, qualifications and dates of the qualifications of registered medical practitioners whose names appear in the Specialist Register is also published in the Gazette annually. The main purpose of publishing such information is to confirm who is, or is not, registered as a medical practitioner or a specialist, and to inform the public who is entitled to practise. The information gazetted will also be included in the Medical Council's homepage and be accessible by the general public through the homepage of the Medical Council or the relevant government web-site publishing the e-Gazette.

Classes of Transferees

3. The personal data you provide are mainly for use within the Medical Council but they may also be disclosed to other government bureaux / departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Apart from this, your other personal particulars and information listed in the General Register will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

4. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

Enquiries

5. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to :

Secretary, Medical Council
c/o Central Registration Office
17/F, Wu Chung House,
213 Queen's Road East,
Wanchai, Hong Kong

Tel : 2961 8648 / 2961 8650
Fax : 2891 7946