**The Nursing Council of Hong Kong**
**Application for registration/enrolment under the Nurses Registration Ordinance, Cap. 164**
**(for nurses trained outside Hong Kong)**

## Application Notes

1 Who can apply?

1.1 Nurses trained outside Hong Kong who:

1.1.1 have attained the minimum age of 21 years for registration or have attained the minimum age of 20 years for enrolment;

1.1.2 have completed at least 3 years nursing training for registration or have completed at least 2 years nursing training for enrolment;

1.1.3 are of good character; and

1.1.4 possess a valid certificate to practise nursing issued by such certifying body as may be recognized by the Council from time to time as constituting sufficient evidence of his/her competency to practise nursing at the time of his/her application. The Council will not process any application that fails to produce such document.

2 Application Procedure

2.1 The applicant should complete the application form and enclose originals and/or photocopies* of the following:

2.1.1 Nursing graduation certificate

2.1.2 Hong Kong Identity Card/Passport

2.1.3 Valid certificate to practise nursing from local registration/enrolment authority (e.g. Nurse registration/enrolment certificate and Practising certificate)

** Note: If the applicant submits the application in person, he/she has to bring the originals and photocopies of the above items to the Council for verification. The original documents will be returned immediately after verification of the photocopies submitted. If the applicant submits the application by post, he/she is required to send true copies of these documents, duly legalized/authenticated by notarization, to the Council.*

2.2 The applicant should request the training institute to send us his/her transcript stating clearly the detailed breakdowns in theoretical and clinical hours of each subject. Since some of the required information may not be shown on the transcript of the individual applicant, in order not to delay the application, please also ask the training institute to complete and return to this Council direct the 'Verification of Training Details' and 'Record of Training' on pages 6 to 10 of the application form.

2.3 The applicant should also send the 'Verification of Original Registration' on page 11 of the application form to the registration authority, which issued his/her original registration certificate outside Hong Kong, for completion and returning to this Council direct.

2.4 Please note that the applicant's training institute/registration authority outside Hong Kong may take three to four months' time on average to complete the 'Verification of Training Details/Original Registration' and return them to the Council. The Council will assess the application only when all the required information and documents are provided. You should take this into account if you intend to take up employment as a registered/enrolled nurse in Hong Kong, particularly within a short period of time.

2.5 The Council does not operate a system of reciprocal registration/enrolment. It assesses each application on an individual basis in regard to the length and contents of the theoretical and clinical nurse training of the applicant. The applicant will be approved to sit for the Licensing Examination only if he/she has fulfilled the requirements of the Council.

2.6 Deadline of application:

2.6.1 While applications are processed all year around, only those duly completed applications with all the required documents received by the Council **by the end of October each year** will be assessed and the applicants concerned will be notified whether they are eligible to sit for the Licensing Examination to be held next year.

2.6.2 The Council will assess the application **only when all required information and documents are provided as required by the Council**, including items 2.1 to 2.3 above.

2.7 Commonly identified mistakes which result in a delay of application:

2.7.1 Incomplete information

2.7.1.1 It is important to fill out the application entirely and submit all required documentation.

2.7.1.2 An application cannot be processed until all information is collected.

2.7.1.3 Please remember to sign your full name where necessary.

2.7.2 Matching information between documents

2.7.2.1 Information such as names, birth dates, dates of education, etc. must match supporting documents submitted by the applicant.

2.7.2.2 Any discrepancies will need to be clarified before the application can be processed further.

2.8 After an applicant has completed the application form, he/she is required to submit it, together with the documents required, either in person or by post, to the Secretariat of the Nursing Council, 1/F, Shun Feng International Centre, 182 Queen's Road East, Wanchai, Hong Kong. Applications sent by fax will not be processed. The office hours of the Secretariat are as follows:

Mondays: 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 6:00 p.m.
Tuesdays to Fridays: 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 5:45 p.m.
(The Secretariat is closed on Saturdays, Sundays and Public Holidays)

2.9 For any enquiries, please feel free to contact the staff of the Council Secretariat at tel. no. 2527 8351 during office hours, or by e-mail to nc@dh.gov.hk.

## 3 Examination Arrangement

3.1 Format:

3.1.1 The Licensing Examination for registration and enrolment consists of the written and practical parts. There will be no exemption for any part of the Licensing Examination.

3.1.2 The applicant must pass the written part before he/she will be allowed to take the practical part, and must pass both parts before he/she can register/enroll with the Council.

3.2 Time frame in taking the Licensing Examination for eligible applicants:

3.2.1 The applicant is required to make his/her first attempt of the Licensing Examination within two years from the date the Council issues its initial approval for sitting the Licensing Examination to him/her. Application for deferment beyond the two-year limit will not be entertained.

3.2.2 If the applicant fails to pass any part of the Licensing Examination, he/she is required to re-sit the failed part only. Nevertheless, the applicant has to re-sit the failed part within one year from the date of his/her last attempt, except with the special permission of the Council and subject to such conditions as to training or instruction as the Council may impose.

3.2.3 If the applicant fails to pass the practical part of the Licensing Examination within three years from the date he/she passes the written part, he/she needs to re-sit both the written and practical parts.

3.2.4 If the applicant fails to pass the Licensing Examination on three occasions, he/she will not be entitled to re-sit the Licensing Examination again without the special permission of the Council. Such applications for special permission should be sent to the Council within two weeks of the date of the result notification letter. Applications received after the two-week period will not be entertained normally. Submission of a fresh application does not mean an applicant will be given further chances to re-sit the Licensing Examination. The following are some of the examples cited for reference:

| | | |
|---|---|---|
| Scenario 1 : | 1st attempt | pass in the written part<br>fail in the practical part |
| | 2nd attempt | fail in the re-take of the practical part |
| | 3rd attempt | fail in the re-take of the practical part |
| Scenario 2 : | 1st attempt | fail in the written part |
| | 2nd attempt | pass in the re-take of the written part<br>fail in the practical part |
| | 3rd attempt | fail in the re-take of the practical part |
| Scenario 3 : | 1st attempt | fail in the written part |
| | 2nd attempt | fail in the re-take of the written part |
| | 3rd attempt | pass in the re-take of the written part<br>fail in the practical part |
| Scenario 4 : | 1st attempt | fail in the written part |
| | 2nd attempt | fail in the re-take of the written part |
| | 3rd attempt | fail in the re-take of the written part |

3.3 Schedule of Licensing Examination:

3.3.1 The Council usually organizes written and practical parts of the Licensing Examination every year according to the following schedule:

| Type of examination | Written Part | Practical Part |
|---|---|---|
| Licensing Examination for Registration | March | Jan/Feb and June |
| Licensing Examination for Enrolment | March | August/ September |

3.3.2 For the Licensing Examination to be held in 2013, the Council is planning to organize the written and practical parts of the Licensing Examination in any date(s) within the following time frames:

| Type of examination | Written Part | Practical Part |
|---|---|---|
| Licensing Examination for Registration | 1st/2nd week of March 2013 | 3rd/ 4th week of January 2013, June 2013 |
| Licensing Examination for Enrolment | 1st/2nd week of March 2013 | August/ September 2013 |

3.4 The Secretariat will inform applicants of the details of the examination in writing directly.

3.5 The examination fee is $715 for the Licensing Examination for Registration and $765 for the Licensing Examination for Enrolment. Fees are subject to revision and are not refundable.

**Checklist of Documents Required for the Application**

(Please refer to paragraph 2 "Application Procedure" of the Application Notes)

| | |
|---|---|
| **Please check if you have enclosed the following documents:** | |
| 1 | Completed pages 1 to 5 of the Application Form |
| 2 | Notarized Copy of HKID/Passport |
| 3 | Notarized Copy of Nursing Graduation Certificate |
| 4 | Notarized Copy of Registration Certificate |
| 5 | Notarized Copy of Certificate to Practise Nursing/Practising Certificate |
| **Have you requested your <u>Training Institute</u> to send the following documents to the Council <u>directly</u>?** | |
| 1 | Original Transcript with detailed breakdowns of theoretical and clinical training of each subject in clock hours |
| 2 | Verification of Training Details (i.e. Pages 6 to 10 of the Application Form) |
| **Have you requested the <u>Registration Authority</u> to send the following document to the Council <u>directly</u>?** | |
| 1 | Verification of Original Registration (i.e. Page 11 of the Application Form) |

Updated on 27 November 2012
(last version –15 March 2012)

**THE NURSING COUNCIL OF HONG KONG**

# APPLICATION FORM FOR NURSES TRAINED OUTSIDE HONG KONG

**for registration/enrolment under the Nurses Registration Ordinance, Cap. 164**

(Note: Please read the application notes carefully before completing this application form.
Please fill in this form in print or typed letters)

1. (a) I hereby apply for my name to be entered upon the Register/Roll maintained by the Nursing Council of Hong Kong: —

Registered Nurse * ☐ for general nursing

☐ for psychiatric nursing

Enrolled Nurse * ☐ for general nursing

☐ for psychiatric nursing

(b) Do you have any previous application with the Nursing Council of Hong Kong?

☐ Yes* *(please complete items (c) and (d) below)*

☐ No* *(please complete Parts 2 to 6)*

(c) Please specify the date of previous application: ☐☐☐☐☐☐ D D M M Y Y

(d) Were you approved to sit for the examination of the Nursing Council of Hong Kong in previous application?

☐ Yes* *(please complete item (e) below)*

☐ No* *(please complete Parts 2 to 6)*

(e) Please specify the number of examination(s) that you have attended:-

Written examination: _____(times)

Practical examination: _____(times)

** Note: Please tick whichever is appropriate*

2. My particulars are as follows:

**A. Personal Particulars**

Surname _____ Maiden name _____

Forenames _____

Name in Chinese characters (if any) _____

Date of birth _____ Married / Single _____

H.K.I.D. / Passport No # _____

*# Note: If you submit the application in person, please bring the original and photocopy of your Hong Kong Identity Card / Passport to the Council Secretariat for verification. The original document will be returned immediately after verification of the photocopy submitted. If you submit the application by post, please send true copies of these documents, duly legalized/authenticated by notarization, to the Council Secretariat.*

Correspondence address _____

_____

_____

Contact tel. no. (preferably in Hong Kong) _____ Fax no _____

Email address (if any) _____

**B. Record of general education**

| Secondary schools attended | Form / grade (month / year) | Public exam. (year completed) | Subjects passed |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**C. Nursing education**

| School / college of nursing (name and address) | Period of education | |
|---|---|---|
| | From (day/month/year) | To (day/month/year) |
| | | |
| | | |
| | | |
| | | |
| | | |

**D. Professional nursing qualifications**

| Title | Registration / enrolment / licensing authority | Registration / enrolment number | Year obtained |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**E. Nursing experience since completion of education**

**Please give details of post-basic nursing experience, e.g. medical, surgical, gynaecological, sick children, etc.**

| Period from / to month / year | Position held | Nature of work | Name and address of hospital |
|---|---|---|---|
| | | | |

3. I enclose originals and/or photocopies* of the following:-

| | Tick |
|---|---|
| (a) Nursing Graduation Certificate | ☐ |
| (b) Hong Kong Identity Card/Passport | ☐ |
| (c) Valid certificate to practise nursing from local registration/enrolment authority (e.g. Nurse registration/enrolment certificate) | ☐ |

* *Note: If you submit the application in person, please bring the originals and photocopies of items 3(a) to (c) to the Council Secretariat for verification. The original documents will be returned immediately after verification of the photocopies submitted. If you submit the application by post, please send true copies of these documents, duly legalized/authenticated by notarization, to the Council Secretariat.*

4. Testimonial(s) from employer(s) certifying my nursing practice as indicated in this application form are provided on an optional basis to facilitate the Council's consideration of my application for registration/enrolment.

5. I am prepared to pay the registration/enrolment fee required by the Council, sit for the Licensing Examination and fulfilling other requirements as specified by the Nursing Council, in the event of my application being approved.

6. Declaration
I declare that the information given by me in pages 1 to 4 of this application form is true to the best of my knowledge.

*Note: According to section 17 of the Nurses Registration Ordinance, Cap. 164, Laws of Hong Kong, if, after due inquiry, the Council is satisfied that any registered nurse or any enrolled nurse has obtained registration or enrolment by fraud or misrepresentation, the Council, in its discretion, may order that:-*

*(i) the name of the registered nurse or enrolled nurse be removed from the register or roll;*

*(ii) the name of the registered nurse or enrolled nurse be removed from the register or roll for a specified period; or*

*(iii) such registered nurse or enrolled nurse be reprimanded.*

Signature of applicant: _____

Name of applicant: _____
(English)

_____
(Chinese)

Date (DD/MM/YYYY) _____

Signature of witness: _____

Name of witness: _____
(English)

_____
(Chinese)

Correspondence address of witness: _____

_____

_____

Contact tel. no. of witness (preferably in Hong Kong): _____

Date (DD/MM/YYYY): _____

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Please RETURN this Form to:—

The Secretary,
Nursing Council, Hong Kong.
Shun Feng International Centre, 1st floor,
182 Queen's Road East,
Wanchai, Hong Kong.

To: The Secretary
Nursing Council of Hong Kong
1st Floor, Shun Feng International Centre
182 Queen′s Road East
Wanchai
Hong Kong

# TESTIMONIAL AS TO CHARACTER

I hereby state that I am not a family member or relative of _____

I certify that I have known _____ personally for _____ years and that *he / she is of good moral character.

REMARKS (if any) : —

Signature: _____

Full Name: _____
*(in Block Letter)*

* Hong Kong Identity Card / Passport No. [Note]: _____

Correspondence address: _____

_____

_____

Occupation: _____

Date (DD/MM/YY): _____

* *Delete whichever is inapplicable.*

Note: *The Hong Kong Identity Card / Passport number must be provided in full, otherwise, the "Testimonial as to Character" will be regarded as invalid.*

**VERIFICATION OF TRAINING DETAILS**

To: The Secretary, Nursing Council of Hong Kong
1st Floor, Shun Feng International Centre
182 Queen's Road East
Wanchai, Hong Kong

Note: (1) The Head of Nursing School should complete this form and return it DIRECTLY to the SECRETARY, NURSING COUNCIL OF HONG KONG.

(2) Please fill in this form in print or typed letters.

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Surname of Applicant: _____ Maiden name: _____

Forenames: _____ Date of Birth: _____

Name(s) and Address(es) of School(s) of Nursing and Hospital: _____

_____

_____

Dates of Training: Commencement (DD/MM/YYYY) _____

Completion (DD/MM/YYYY) _____

**Clinical Resources**:

Total number of beds in hospital: _____

Daily average occupancy of beds: _____

Number of beds in the following clinical areas:

Medical _____ Surgical _____

Paediatric _____ Gynaecological _____

Orthopaedic _____ Obstetric _____

Psychiatric _____ Infectious _____

Ear, Nose, Throat & Eye _____

Any others: _____

The nursing education programme was conducted in the _____ language.

# Record of theoretical training and practical experience during training:

**PLEASE SEND IN FULL ORIGINAL TRANSCRIPT CLEARLY STATING THE THEORETICAL TRAINING IN HOURS AND PRACTICAL EXPERIENCE IN HOURS OR WEEKS (IF IN WEEKS, THE NUMBER OF HOURS PER WEEK SHOULD BE STATED)**

I confirm that the applicant has completed the required period of training in this country / state and passed all parts of the examination to qualify for registration.

Seal

Signature: _____

Full Name: _____
(in block letters)

Position: _____

Date (DD/MM/YYYY): _____

Please stamp official seal of the School/Hospital in the space provided.

# Record of Training of Registered / Enrolled Nurse (General)

Name of Student : (Surname) _____ (Forenames) _____

(Maiden Name) _____

Name of School : _____

Course Title : _____

Duration : _____ years

Study Period : From _____ to _____
Day/ month/ year day/ month/ year

*Mode of Study : Full-time ☐ Part-time ☐

Distance Learning ☐ Others ☐ _____ (please specify)

* Please put a 「✓」 in the appropriate box.

**Record of Theoretical Instruction Hours (Including Laboratory Hours)**

| Subject Areas | Hours |
|---|---|
| 1. Concepts of Health / Health Care including :<br>● Primary Health Care<br>● Health Care Delivery System<br>● Personal & Communal Health / Personal & Community Health | |
| **Total :** | |
| 2. Social and Behavioural Sciences -<br>● Psychology (including Spiritual Aspects) | |
| ● Sociology | |
| **Total :** | |
| 3. Biological / Integrated Sciences -<br>● Anatomy & Physiology, Growth & Development | |
| ● Microbiology | |
| ● Pharmacology | |
| ● Nutrition & Dietetics | |
| **Total :** | |
| 4. Professional Nursing :<br>● History of Nursing | |
| ● Philosophy and Nursing Theories / Models | |
| ● Ethics and Professional Issues | |
| ● Legal Aspects | |
| ● Nursing Research | |
| **Total :** | |

| Subject Areas | Hours |
|---|---|
| 5. Principles & Practice of Nursing :<br>● Basic Nursing Skills | |
| ● First Aid / Emergency Nursing | |
| ● Introduction to Operation Theatre / Anaesthesiological Nursing | |
| ● Illness prevention and health restoration of clients with alteration in various body system functions, including :<br>- Preventive / Promotive / Rehabilitative Care<br>- Nursing Process and Nursing Diagnosis<br>- Health Assessment<br>- Medical, Surgical Nursing<br>- Radiotherapy, Physiotherapy, Occupational and Speech Therapy<br>- Introduction to Oncology and Hospice Care<br>Health Teaching / Learning, Patient Education | |
| ● Child Health / Paediatric and Adolescent Nursing | |
| ● Modern Chinese Medicine Nursing / Complementary Alternative Medicines | |
| **Total :** | |
| 6. Specialty Nursing :<br>● Obstetric Nursing | |
| ● Elderly Health Nursing | |
| ● Community Nursing | |
| ● Psychiatric Nursing | |
| **Total :** | |
| 7. Introduction to Nursing Management including :<br>● Principles of Management<br>● Decision Making & Problem Solving<br>● Planning and Organization, Introduction to Ward Management & Hospital Administration<br>● Leadership<br>● Interpersonal Skills<br>● Communication Skills<br>● Preparation for the Roles of Nurses & Nurse Managers<br>● Health Care Informatics | |
| **Total :** | |
| **Grand Total** | |

## Record of Clinical Experience

| Specialty | Total No. of Hours |
|---|---|
| 1. Medical Nursing (General Medicine, Dermatology, Infectious Disease, Oncology and Hospice Nursing) | |
| 2. Surgical Nursing (General Surgery, Anaesthesiology, Neurosurgery, Cardiothoracic Surgery, Gynaecology, Ophthalmology, ENT, Orthopaedic, Traumatology, Operation Theatre & Recovery Room) | |
| 3. Paediatric and Adolescent Nursing | |
| 4. Specialty Nursing :<br>● Obstetric Nursing | |
| ● Gerontological Nursing | |
| ● Community Nursing | |
| ● Psychiatric Nursing | |
| 5. Accident & Emergency Nursing | |
| 6. General Out-patient Service | |
| **Grand Total** | |

I certify that the above record is correct.

Signature of School Principal / Course Leader : _____

Full name in block letter : _____

Date (DD/MM/YYYY): _____

Seal

Please stamp official seal of the school in the space provided

**VERIFICATION OF ORIGINAL REGISTRATION OUTSIDE HONG KONG**

To: The Secretary, Nursing Council of Hong Kong
1st Floor, Shun Feng International Centre
182 Queen's Road East
Wanchai, Hong Kong

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*INSTRUCTIONS TO APPLICANT*

Please send this document to the Registration Authority which issued your Original Registration Certificate (outside Hong Kong) for completion. That Authority may require a fee for the service you request. You are required to fill in all details under **PART A** below before sending this form to that Authority.

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PART A — TO BE COMPLETED BY THE APPLICANT (in BLOCK letters)

Full name of the applicant: _____

Registration Authority: _____

Address of Registration Authority: _____

_____

Registration No.: _____ Date of Registration: _____
(DD/MM/YYYY)

Part under which the registration was granted (if applicable): _____

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PART B — TO BE COMPLETED BY AN OFFICER OF THE REGISTRATION AUTHORITY (REQUEST TO REGISTRATION AUTHORITY: Will you please confirm the Registration details of the nurse sending you this form by filling in the space provided. After completion, please send this form ***direct*** to the Nursing Council of Hong Kong at the address given above)

I confirm that the nurse named above has correctly recorded the details of her / his Registration with our Council / Board and this Registration *is / is not currently valid.

If his / her Registration is not currently valid, please state the reason(s):

Seal

Signature: _____

Full Name: _____
(in block letters)

Capacity in Registration Authority: _____

Date (DD/MM/YYYY): _____

* Delete whichever is inappropriate

Please stamp official seal of Registration Authority in the space provided.