

THE NURSING COUNCIL OF HONG KONG
Application for Restoration of Name to the Register of Nurses / Roll of Enrolled Nurses
and for a Practising Certificate for Nurse
under the Nurses Registration Ordinance, Cap. 164

Application Notes

- 1) To apply for restoration of your name to the register of nurses (“the register”) / roll of enrolled nurses (“the roll”) and for a practising certificate for nurse, please complete the application form as required.
- 2) The Nursing Council of Hong Kong (“the Council”) assesses each application on an individual basis.
- 3) The Council is unable to assist with employment issues.
- 4) If you are a nurse registered/enrolled outside Hong Kong, you should detach and send the “Verification of Registration/Enrolment and Good Standing” on page 7 of the application form to the Registration/Enrolment Authority which had issued your Registration/Enrolment Certificate outside Hong Kong for completion. The completed form must be sealed in an official envelope of the Registration/Enrolment Authority and returned by that Registration/Enrolment Authority to this Council direct.
- 5) Please note that the Registration/Enrolment Authority outside Hong Kong may take three to four months’ time on average to complete and return the “Verification of Registration/Enrolment and Good Standing” to this Council.
- 6) If you have practised nursing outside Hong Kong after your name was removed from the register/roll, you should provide employment proof(s) from employer(s) for the Council’s consideration (please see paragraph 15(iv)).
- 7) If you have not practised nursing outside Hong Kong in the recent year or ever since your name was removed from the register/roll, you are required to submit documentary proof(s) that you have **possessed a valid document proving you have completed a course equivalent to Basic Life Support Provider Course** and have undertaken continuing nursing education (“CNE”) as follows:

Situation

If your name has been removed from the register/roll for ≤ 1 year, and you have not practised nursing outside Hong Kong in the recent year

If your name has been removed from the register/roll for >1 year but ≤ 2 years, and you have not practised nursing outside Hong Kong in the recent 2 years

Requirements

You should provide documentary proof(s) of obtaining **15 (for Registered Nurses (“RN”)) or 10 (for Enrolled Nurses (“EN”)) points of CNE** organized by accredited CNE providers in Hong Kong between the receipt date of the application for restoration and 1 year before that date

You should provide documentary proof(s) of obtaining **30 (for RN) or 20 (for EN) points of CNE** organized by accredited CNE providers in Hong Kong between the receipt date of the application for restoration and 2 years before that date

If your name has been removed from the register/roll for >2 years but ≤5 years, and you have not practised nursing outside Hong Kong in the recent 3 years

You should provide documentary proof(s) of obtaining **15 (for RN) or 10 (for EN) points of CNE per number of years of removal** organized by accredited CNE providers in Hong Kong between the receipt date of the application for restoration and 3 years before that date

If your name has been removed from the register/roll for >5 years, and you have not practised nursing outside Hong Kong in the recent 3 years

You should provide documentary proof of obtaining **15 (for RN) or 10 (for EN) points of CNE per number of years of removal** organized by accredited CNE providers in Hong Kong between the receipt date of the application for restoration and 3 years before that date. For RN/EN (General), the CNE should cover Medical Nursing, Surgical Nursing and Infection Control in Nursing. There is no minimum hour for each specialty area. For RN/EN (Psychiatric), the CNE should cover Mental Health Nursing while for RN (Sick Children), the CNE should cover Paediatric Nursing.

- 8) The number of years of removal should be rounded up to the nearest integer.
- 9) Please note that the Basic Life Support Provider Course is valid for two years.
- 10) The list of accredited CNE providers in Hong Kong is available at the Council's website at www.nchk.org.hk.
- 11) If you do not provide documentary proof of the CNE as required in paragraph 7 above when you submit the application for restoration, you will be required to make up the CNE deficiency and provide the required documents to the Council for consideration.
- 12) You will be notified in writing if you are required to make up the CNE deficiency or fulfill other conditions before you will be allowed to restore your name to the register/roll.
- 13) Please note that according to section 24(1) of the Nurses Registration Ordinance, Cap. 164, Laws of Hong Kong, any person who-
 - (a) not being a duly registered nurse in accordance with the provisions of this Ordinance, wilfully pretends to be or takes or uses the name or title of registered nurse, either alone or in combination with any other words or letters, or any name, title, addition, description, uniform, or badge, implying that he is registered or recognized by law as registered; or
 - (b) being a person whose name is included in any part of the register, takes or uses any name, title, addition, description, uniform or badge, or otherwise does any act of any kind, implying that his name is included in some other part of the register; or

- (c) not being an enrolled nurse wilfully pretends to be or takes or uses the name or title of an enrolled nurse, either alone or in combination with any other words or letters, or any name, title, addition, description, uniform, or badge, implying that he is enrolled or recognized by law as an enrolled nurse; or
 - (d) being a person whose name is included in any part of the roll, takes or uses any name, title, addition, description, uniform or badge, or otherwise does any act of any kind, implying that his name is included in some other part of the roll;
 - (e) at any time, with intent to deceive-
 - (i) in the case of a registered nurse, makes use of any certificate of registration issued to him or to any other person; or
 - (ii) in the case of an enrolled nurse, makes use of any certificate of enrolment issued to him or to any other person; or
 - (f) not being a person whose name is included in any part of the register, or a person whose name is included in any part of the roll, takes or uses the name or title of nurse, either alone or in combination with any other words or letters, or any name, title, addition, description, uniform, or badge, implying that he is a nurse,
- shall be guilty of an offence and shall be liable on summary conviction to a fine of \$1,000 and imprisonment for 3 months.

- 14) After you have completed the application form, please submit it, together with the required documents as per paragraph 15 below, **either in person or by post**, to the Secretariat of the Nursing Council of Hong Kong, 5/F, High Block, Queensway Government Offices, 66 Queensway, Hong Kong. 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.

(Closed on Saturdays, Sundays and Public Holidays)

- 15) Before submitting your completed application form (pages 1 to 5), please ensure that the following documents are enclosed:
- (i) Original of the duly completed declaration form on page 6 of the application form;
 - (ii) Your Hong Kong Identity Card / Passport ^[Note 1];
 - (iii) Your valid certificate to practise nursing issued by the Registration/Enrolment Authority, if you are a registered / an enrolled nurse outside Hong Kong (i.e. nurse registration/enrolment certificate and practising certificate) ^[Note 1] ^[Note 2] ;
 - (iv) Documentary proof(s) from employer(s) verifying the date of employment and your position held as a Registered Nurse / an Enrolled Nurse, if you have practised nursing outside Hong Kong after your name was removed from the register/roll ^[Note 1] ;
 - (v) A valid document proving you have completed a course equivalent to Basic Life Support Provider Course, if you have not practised nursing outside Hong Kong in the recent year or ever since your name was removed from the register/roll ^[Note 1]; and
 - (vi) Documentary proof(s) of your CNE, if you have not practised nursing outside Hong Kong in the recent year or ever since your name was removed from the register/roll ^[Note 1].

Note 1 If you submit the application in person, please bring the originals and photocopies of items (ii) to (vi) 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.

Note 2 If the Registration/Enrolment Authority only issued certificate in electronic format, you are required to submit the printout of the e-certificate, duly legalized/authenticated by notarization, to the Council Secretariat.

- 16) Missing required documents and unclear information will delay the processing of your application.
- 17) The Council will consider the application only when all required documents are provided for assessment and verification. You should take this into account if you are intending to take up employment as a registered / an enrolled nurse in Hong Kong, particularly within a short period of time.
- 18) Please note that if the names appear differently on the documentary proofs, you will be required to submit a statutory declaration verifying that the different names appear on the documents submitted for your application are all referring to the same person, if deemed necessary. If the declaration is so required, you will be informed of the details in writing.
- 19) Applications for restoration of name to the register and the roll are two separate applications. Applicants should submit a full set of individual application forms and documentary proofs (including those submitted by the Registration/Enrolment Authority outside Hong Kong) for each application.
- 20) For any enquiries, please contact the staff of the Council Secretariat at (852) 2527 8351 during office hours, or by e-mail to nc@dh.gov.hk.

THE NURSING COUNCIL OF HONG KONG
APPLICATION FORM FOR RESTORATION OF NAME TO
THE REGISTER OF NURSES / ROLL OF ENROLLED NURSES
AND FOR A PRACTISING CERTIFICATE FOR NURSES

This application form must be submitted by **post or hand delivery** to the Secretariat of the Nursing Council of Hong Kong at 5/F, High Block, Queensway Government Offices, 66 Queensway, Hong Kong. Submission by facsimile or email is NOT accepted.

- (Note: 1. Please read the **Application Notes** carefully before completing this application form.
2. Please fill in this form in print or typed letters.
* Please only put ONE tick where appropriate in the boxes provided.
^ Please delete as inappropriate.
If you submit the application in person, please bring the originals and photocopies of all required documentary proofs 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 the documents, duly legalized/authenticated by notarization, to the Council Secretariat.)

A. Personal Particulars

1. I apply for my name to be restored to the register of nurses (“the register”)/roll of enrolled nurses (“the roll”) maintained by and a practising certificate for nurse issued by the Nursing Council of Hong Kong (“the Council”):

Registered Nurse * ☐ General
☐ Psychiatric
☐ Mentally Subnormal
☐ Sick Children
Enrolled Nurse * ☐ General
☐ Psychiatric

Date of previous registration with the Council _____
(DD/MM/YY)

Date of previous enrolment with the Council _____
(DD/MM/YY)

Registration No. _____ or Enrolment No. _____

Date of previous application for restoration (if any) _____
(DD/MM/YY)

2. Surname _____ Maiden name _____
Forenames _____ Sex _____
Name in Chinese characters (if any) _____
All former names (if any) _____

Date of birth (DD/MM/YY)_____ Married/Single/Others^ (please specify) _____

Hong Kong Identity Card / Passport No.^ # _____

Correspondence address _____

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

Email address (if any) _____

B. Reason for removal

3. My name was removed from the register/roll because (*please tick where appropriate*) :

☐ I requested the Council to remove my name from the register/roll.

☐ The Council ordered that my name be removed from the register/roll after its inquiry into disciplinary case(s) against me.

☐ Other reasons (please specify): _____

4. I give consent for the Council to refer to all information, documents and evidence relating to previous or outstanding disciplinary case(s) against me, if any, when considering my application for restoration of name to the register/roll and for a practising certificate for nurse.

☐ Yes ☐ No (*Note: If you do not give consent for the Council to refer to the disciplinary case(s) against you, if any, the Council may not be able to process your application for restoration of name to the register/roll and for a practising certificate for nurse.*)

C. Nursing practice outside Hong Kong and continuing nursing education (“CNE”)

5. I am a nurse registered/enrolled outside Hong Kong.

☐ Yes ☐ No

☐ The documentary proof(s) from employer(s) as required in paragraph 15 (iv) of the Application Notes is/are enclosed (*please go to question nos. 6 to 9 direct*).

☐ The documentary proof(s) of obtaining the CNE points as required in paragraph 7 of the Application Notes is/are enclosed (*please go to question no. 10 direct*).

6. I have requested the Registration/Enrolment Authority outside Hong Kong to complete and return the “Verification of Registration/Enrolment and Good Standing” on page 7 of this application form to the Council direct.

☐ Yes ☐ No (*Note: The Council will process your application for restoration of name to the register/roll and for a practising certificate for nurse only when the “Verification of Registration/Enrolment and Good Standing” and other required documents are received.*)

7. I enclose my valid certificate(s) to practise nursing from the Registration/Enrolment Authority outside Hong Kong (i.e. nurse registration/enrolment certificate and practising certificate)[#].

[#] If the Registration/Enrolment Authority only issued certificate in electronic format, please submit the printout of the e-certificate, duly legalized/authenticated by notarization, to the Council Secretariat.

☐ Yes ☐ No (Note: The Council will process your application for restoration of name to the register/roll and for a practising certificate for nurse only when your valid certificate to practise nursing outside Hong Kong and other required documents are received.)

8. I have practised nursing outside Hong Kong in the recent year or ever since my name was removed from the register/roll of the Council.

☐ Yes (please complete the following table before going to question no. 9. You may attach extra sheet(s) if required.) ☐ No (please go to question no. 10 direct.)

Working Period from (MM/YY) to (MM/YY)	Position held	Nature of work (e.g. medical, surgical, gynaecological, sick children, etc.)	Name and address of employing institution

9. I enclose the employment proof(s) from employer(s) about my nursing practice outside Hong Kong as indicated in paragraph 8 above.

☐ Yes ☐ No (Note: The Council will process your application for restoration of name to the register/roll and for a practising certificate for nurse only when the testimonial(s) from employer(s) and other required documents are received.)

10. I have possessed a valid document proving I have completed a course equivalent to Basic Life Support Provider Course.

☐ Yes (please provide the documentary proof and go to question no. 11). ☐ No

11. I have undertaken the required CNE organized by the accredited CNE providers in Hong Kong as required by the Council.

(Note: If your name has been removed from the register/roll for ≤ 1 year and you have not practised nursing outside Hong Kong in the recent year, you should provide documentary proof of attending 15 (for RN) or 10 (for EN) CNE points organized by the accredited CNE providers in Hong Kong between the date you submit the application for restoration and 1 year before that date.

If your name has been removed from the register/roll for > 1 year but ≤ 2 years and you have not practised nursing outside Hong Kong in the recent 2 years, you should provide documentary proof of attending 30 (for RN) or 20 (for EN) CNE points organized by the accredited CNE providers in Hong Kong between the date you submit the application for restoration and 2 years before that date.

If your name has been removed from the register/roll for > 2 years but ≤ 5 years and you have not practised nursing outside Hong Kong in the recent 3 years, you should provide documentary proof of attending 15 (for RN) or 10 (for EN) CNE points per number of years of removal organized by the accredited CNE providers in Hong Kong between the date you submit the application for restoration and 3 years before that date.

If your name has been removed from the register/roll for > 5 years and you have not practised nursing outside Hong Kong in the recent 3 years, you should provide documentary proof of attending 15 (for RN) or 10 (for EN) CNE points per number of years of removal organized by the accredited CNE providers in Hong Kong between the date you submit the application for restoration and 3 years before that date. For RN/EN (General), the CNE should cover Medical Nursing, Surgical Nursing and Infection Control in Nursing. There is no minimum hour for each specialty area. For RN/EN (Psychiatric), the CNE should cover Mental Health Nursing while for RN (Sick Children), the CNE should cover Paediatric Nursing.)

☐ Yes (please provide documentary proof(s) and fill in the following record table. ☐ No
You may attach extra sheet(s) if required.)

	Course Title	Course Organizers (Accredited CNE Providers in HK)	Course Period (from DD/MM/YY to DD/MM/YY)	CNE Points	Certificate attached# (yes / no)	Remarks
1						
2						
3						
4						
5						

For official use:

Reference No.: _____

Date of removal from the register/roll: _____

Receipt date of application for restoration: _____

No. of years of removal: _____

No. of CNE points & period required: (_____) _____

Total CNE points obtained & period covered: (_____) _____

D. Other information

12. I have completed and enclosed the declaration form on page 6 of this application form.

- ☐ Yes ☐ No (Note: The Council will process your application for restoration of name to the register/roll and for a practising certificate for nurse only when the completed declaration form and other required documents are received.)

13. I am prepared to pay the prescribed fees and fulfill the requirements as specified by the Council in the event of my application being approved. (According to the “Nurses (Registration and Disciplinary Procedure) Regulations” and the “Enrolled Nurses (Enrolment and Disciplinary Procedure) Regulations”, the existing fee for restoration of name to the register/roll is HK\$280.00 while the existing fee for practising certificate is HK\$230.00. Fees are subject to revision.)

- ☐ Yes ☐ No

E. Declaration

14. I declare that the above information given by me 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: _____ Date (DD/MM/YY) _____

Name of applicant: _____
(English) (Chinese)

DECLARATION FORM

(Application for Restoration of Name to the Register of Nurses / Roll of Enrolled Nurses
and for a Practising Certificate for Nurse)

The Secretary
Nursing Council of Hong Kong
5/F, High Block, Queensway Government Offices
66 Queensway, Hong Kong

Declaration

I declare that since my name was removed from the Register of Nurses / Roll of Enrolled Nurses^ on _____ (date of removal in DD/MM/YY*):

- (a) I **have** / **have not**^ been convicted of any offence punishable with imprisonment in Hong Kong or elsewhere. ^[Note 1] ^[Note 2]
- (b) there **are** / **are no**^ criminal proceedings in progress against me in Hong Kong or elsewhere. ^[Note 3]
- (c) I **have** / **have not**^ been found guilty of unprofessional conduct in place(s) outside Hong Kong. ^[Note 1]
- (d) there **are** / **are no**^ professional disciplinary proceedings in progress against me in place(s) outside Hong Kong. ^[Note 3]

In the event of any change in the accuracy of the Declaration made in paragraphs (a) to (d) above, following my conviction of any offence punishable with imprisonment in Hong Kong or elsewhere, commencement of any criminal proceedings against me in Hong Kong or elsewhere, being found guilty of any unprofessional conduct in place(s) outside Hong Kong and/or commencement of any professional disciplinary proceedings against me in place(s) outside Hong Kong subsequent to the completion of the Declaration Form, I undertake to notify and to update the Secretary of the Nursing Council of Hong Kong with the same as soon as it is practicable and with no delay.

Signature of applicant: _____

Name of applicant: _____

(English)

(Chinese)

Previous Registration / Enrolment No. with
the Nursing Council of Hong Kong^ : _____

Correspondence address
of the applicant: _____

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

Email address (if any): _____

Date: _____

Note 1 : If it is in the affirmative, full details must be attached.

Note 2 : No exemption will be granted under the Rehabilitation of Offenders Ordinance (Cap. 297). I am therefore required to make such a declaration in any circumstances.

Note 3 : If there are any such proceedings, full details must be attached.

** Please contact the Council for the date of removal where necessary.*

^ Please delete where inappropriate.

VERIFICATION OF REGISTRATION / ENROLMENT AND GOOD STANDING

To: The Secretary, Nursing Council of Hong Kong
5/F, High Block, Queensway Government Offices
66 Queensway, Hong Kong

Instruction to Applicant

Please send this form to the Registration/Enrolment Authority which issued your Registration/Enrolment Certificate (outside Hong Kong) for completion. You may be required to pay a fee to the Authority for the service you request.

TO BE COMPLETED BY AN OFFICER OF THE REGISTRATION AUTHORITY (in BLOCK letters)

Please confirm the Registration details of the nurse sending you this form by filling in the space provided. After completion, please stamp the official seal of your Registration Authority in the space provided below and send this form to the Nursing Council of Hong Kong **direct** at the address given above in an official and sealed envelope of your Registration Authority. Otherwise, the form will be regarded as invalid.

Full name of the applicant	Surname:	Maiden name:
	Forenames:	Sex:
Name of Registration/ Enrolment Authority		
Address of Registration/ Enrolment Authority		
Registration/Enrolment No. _____ Date of Registration/ Enrolment _____ (DD / MM / YY)		

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

1. I confirm that the Registration / Enrolment of the above-named nurse **is / is not*** currently valid.

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

3. I confirm that the nurse named above **has / has never been*** found guilty of misconduct in a professional respect. I also confirm that there **are / there are no*** disciplinary proceedings against him / her* in process.

Official
Seal / Stamp of
Registration Authority

Signature _____

Full Name _____
(in BLOCK letters)

Capacity in Registration/
Enrolment Authority _____

Date (DD / MM / YY) _____

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

* Please delete where inappropriate.