

# THE NURSING COUNCIL OF HONG KONG

## APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE NURSE

- Note 1: The provision of personal data is voluntary. If you do not provide sufficient information, however, the Nursing Council of Hong Kong ("the Council") may not be able to process your application for recognition as an advanced practice nurse.*
- Note 2: Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.*
- Note 3: Applicants whose applications are not supported by their employers may appeal to the Council in 30 days upon receipt of notification by the employers. Such applications for appeal should be submitted with a letter issued by the employers setting out details of the reasons for not recommending the applications, and full set of supporting documents provided by the applicants in support of the applications.*

### **A. To be filled in by the applicant**

I, (\*Mr/Ms/Miss/Mrs/Dr) .....  
*(Full name in English and Chinese (if applicable) must match with the Register of Nurses)*

holder of \*Hong Kong Identity Card No./Passport No. ....,

a Hong Kong Registered Nurse ..... registered on .....  
*(Registration No.) (Date of Registration)*

Tel. No. .... and E-mail address .....

hereby apply for recognition as an advanced practice nurse in the following specialty<sup>^</sup> with the Council via my current employer:

Cardiac Nursing <input type="checkbox"/>	Community, Primary and Public Health Nursing <input type="checkbox"/>	Critical Care Nursing <input type="checkbox"/>	Education and Research in Nursing <input type="checkbox"/>
Emergency Care Nursing <input type="checkbox"/>	Gerontology Nursing <input type="checkbox"/>	Gynaecology Nursing <input type="checkbox"/>	Infection Control in Nursing <input type="checkbox"/>
Management in Nursing <input type="checkbox"/>	Medical Nursing <input type="checkbox"/>	Mental Health Nursing <input type="checkbox"/>	Oncology Nursing <input type="checkbox"/>
Orthopaedic Nursing <input type="checkbox"/>	Paediatric Nursing <input type="checkbox"/>	Perioperative and Anaesthesia Nursing <input type="checkbox"/>	Surgical Nursing <input type="checkbox"/>

<sup>^</sup> Please only put ONE tick in the boxes provided as appropriate.

I voluntarily provide the following information with documentary support to facilitate the application:

(i) Post-registration Academic Qualifications, if applicable Note a:

Training Institution (name and address)	Title of the Programme	Training Period	
		From (Month/Year)	To (Month/Year)

**Note:** Applicants may be required to provide documentary proof on qualification assessment conducted by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications at their own cost.

\* Delete whichever is inapplicable.

(ii) Post-registration Related Specialty Training (PRCC/Specialty Nurse/In-service training), if applicable Note b:

Training Institution (name and address)	Title of the Programme	Training Period	
		From (Month/Year)	To (Month/Year)

(iii) Hong Kong Academy of Nursing's Fellowship (or equivalent), if applicable Note c:

Organisation	Specialty	Fellow Number	Year obtained

(iv) Post-registration Clinical Experience in the Relevant Specialty Area Immediately Prior to the Application (the most recent four years) Note d:

Working Institution / Hospital (name and address)	Specialty (The specialty you apply for out of the 16 specialties under the Scheme)	Employment Period	
		From (Month/Year)	To (Month/Year)
Total:		years	month(s)

(v) Total Number of Years of Post-registration Clinical Experience: \_\_\_\_\_

I enclose herewith the following documents to support my application via my current employer:

	Please tick
(a) a true copy of graduation certificate / transcripts of studies of a Clinical Master in Nursing / Health Science in the related specialty, or a Master degree in health related stream, and where applicable, a true copy of the qualifications assessment report issued by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications, certified by my current employer;	<input type="checkbox"/>

	Please tick
(b) a true copy of proof of completion of the training programme, i.e. Post-registration Certificate Course (“PRCC”) / Hospital Authority’s Specialty Nurse Recognition Scheme Certificate / recognised in-service training for at least 80 hours, certified by my current employer, if any;	<input type="checkbox"/>
(c) a true copy of diploma of fellowship of the Hong Kong Academy of Nursing (“HKAN”) certified by the HKAN / my current employer, if any;	<input type="checkbox"/>
(d) original and/or true copy of documentary proof(s) certifying that I possessed six years of full time post-registration nursing experience immediately prior to my application in which at least the most recent four years must be serving in the related specialty area, issued and/or certified by my employer(s); and	<input type="checkbox"/>
(e) an original declaration form completed not more than six months before the application for recognition.	<input type="checkbox"/>

## Declaration

I declare that the above information given by me is true and accurate to the best of my knowledge. I hereby authorise my current employer to submit the application to the Council on my behalf. I also authorise the Council to verify the information given in this form and the enclosed documents in any manner as it deems fit and obtain relevant information from relevant organisations or persons.

\_\_\_\_\_  
*Signature of Applicant*

Date: \_\_\_\_\_  
(DD/MM/YYYY)

### **B. To be filled in by the current employer**

I certify that I have **personally** checked the personal particulars, the post-registration academic and professional qualifications and the post-registration clinical experience in the relevant specialty area together with the supporting documents provided in the application form.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name of organisation: \_\_\_\_\_

Position: \_\_\_\_\_

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

Date: \_\_\_\_\_

(Last updated in December 2021)

## DECLARATION FORM

I declare that:

- (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 declarations 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)

Correspondence address \_\_\_\_\_  
of applicant:

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

Email address (if any):

Signature of witness:

Name of witness: \_\_\_\_\_

(English) (Chinese)

Correspondence address \_\_\_\_\_  
of witness:

Telephone no. of witness (preferably in Hong Kong): \_\_\_\_\_

Date of Declaration (DD/MM/YYYY) [Note 4]:

\* Delete whichever is inapplicable.

*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.*

Note 4: The date of declaration must not be more than six months before the application for recognition is received by the Nursing Council of Hong Kong, otherwise, it will be regarded as invalid.

*Note 5: Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.*

## PERSONAL INFORMATION COLLECTION STATEMENT

### Purpose of Collection

The personal data you provided to the Nursing Council of Hong Kong are for the purpose of the application you are currently making only. If you do not provide the requested information, the Nursing Council of Hong Kong may turn down your application.

### Classes of Transferees

2. The personal data you provided are mainly for use within the Nursing Council of Hong Kong but they may also be disclosed to other Government bureaux, departments, agencies or authorities in connection with the purpose mentioned above, if necessary. Moreover, some or all of these data may be subject to public inspection for verification. Other than that, such data will only be disclosed to other parties where you have given consent to such disclosure or where such disclosure is in accordance with the Personal Data (Privacy) Ordinance (Cap. 486, Laws of Hong Kong). Please notify the Nursing Council of Hong Kong whenever there is any change of your personal data.

### Access to Personal Data

3. 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 occasion as mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of the data.

### Enquiries

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

The Secretary, Nursing Council of Hong Kong  
5/F, High Block, Queensway Government Offices  
66 Queensway, Hong Kong  
Tel. : 2527 8422  
Fax : 2527 2277

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