

MEDICAL COUNCIL OF HONG KONG

Application for Transfer from the Non-resident List to the Resident List of the General Register under section 19A of Medical Registration Ordinance

I apply for the transfer of my name from the Non-resident List to the Resident List of the General Register under section 19A of the Medical Registration Ordinance, Cap.161, Laws of Hong Kong. Details of my personal particulars 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 /		
Email			
Registered Address (Official address for service of all notices)	(English)		
	(Chinese)		
I <input type="checkbox"/> agree <input type="checkbox"/> refuse to have my registered address published in the Medical Council's website. (See paragraph 3 of Personal Information Collection Statement)			

Criminal Conviction / Professional Misconduct

I	* <input type="checkbox"/> have	<input type="checkbox"/> have NEVER	been convicted of a criminal offence punishable with imprisonment (irrespective of whether actually sentenced to imprisonment) in Hong Kong or elsewhere .
I	* <input type="checkbox"/> am	<input type="checkbox"/> am NOT	currently the subject of any on-going criminal proceeding(s) in Hong Kong or elsewhere .
I	* <input type="checkbox"/> have	<input type="checkbox"/> have NEVER	been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere .
I	* <input type="checkbox"/> am	<input type="checkbox"/> am NOT	currently the subject of any on-going disciplinary proceeding(s) by any professional body in Hong Kong or elsewhere .

* Provide FULL details in a separate sheet

Practice of Medicine

I confirm that since my name was included in the Non-resident List of the General Register on _____ (date):-

I	<input type="checkbox"/> have	<input type="checkbox"/> have NOT	practised medicine in Hong Kong .									
I	<input type="checkbox"/> have	<input type="checkbox"/> have NOT	practised medicine in jurisdiction(s) outside Hong Kong .									
I	* <input type="checkbox"/> have	<input type="checkbox"/> have NOT	been refused registration/restoration to a register of medical practitioners in Hong Kong or elsewhere .									
I	<input type="checkbox"/> have	<input type="checkbox"/> have NOT	been registered as a medical practitioner in jurisdiction(s) outside Hong Kong .									
Set out ALL medical authorities with which you have been registered:-												
<table border="1"> <thead> <tr> <th>State/Territory/Place</th> <th>Medical Authority</th> <th>Period of Registration</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>to</td> </tr> <tr> <td></td> <td></td> <td>to</td> </tr> </tbody> </table>			State/Territory/Place	Medical Authority	Period of Registration			to			to	
State/Territory/Place	Medical Authority	Period of Registration										
		to										
		to										
Submit: Certificate(s) of good standing (original) (issued by EACH medical authority which has jurisdiction over the Applicant's latest practice <u>within</u> 3 months before this application)												

* Provide FULL details in a separate sheet

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 relevant authorities 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 Signature : _____

The above declaration was made on _____ (date) at _____ (place)

Before me (administrator of oath),

Signature: _____

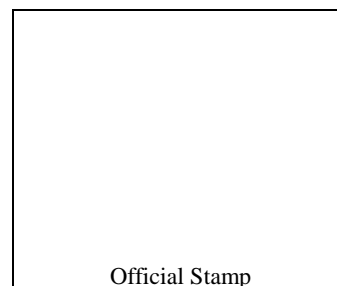
Name: _____ (BLOCK letters)

*Status: ☐ Commissioner for Oaths ☐ Solicitor

☐ Barrister ☐ Notary Public

Address: _____

Tel. No.: _____ Email: _____



*A declaration made **outside Hong Kong** must be made before a **Notary Public**.

Personal Information Collection Statement

Purpose of Collection

1. The personal data you provide will be used for purposes directly related to the application you are currently making. It is voluntary for you to provide your personal data. However, if you do not provide sufficient information, we may not be able to process your application.

Disclosure to the Public

2. In accordance with section 15 of the Medical Registration Ordinance, Part I and Part III of the General Register are published annually in the Gazette, setting out the names, addresses, qualifications and dates of the qualifications of all persons included therein. The main purpose of such publication is to inform the public who is, or is not, registered as a medical practitioner, and who is entitled to practise medicine.

3. The information published in the Gazette will also be published in the website of the Medical Council of Hong Kong. You have the option to indicate whether you agree or refuse to have your registered address published in the Medical Council's website. Any subsequent change of option should be notified in writing to the Registrar of Medical Practitioners, and the change will be reflected in the next update of the website information.

Transfer to Others

4. The personal data you provide will be used mainly by the Medical Council of Hong Kong. They may also be disclosed to other persons, bodies or authorities for the purposes set out in paragraph 1 above or in circumstances permitted under the Personal Data (Privacy) Ordinance.

Access to Personal Data

5. You have a right to request access to and correction of your personal data held by us. A fee may be charged for such access or correction. Request for access or correction should be made in writing to:-

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

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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 statutory declaration before a Commissioner for Oaths, Solicitor or Barrister in Hong Kong or a Notary Public outside Hong Kong 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 document:-
 - (a) original of a certificate of good standing issued (within 3 months before the application) by each medical authority which has jurisdiction over your latest practice if you have practised in other jurisdiction(s) since your name was included in the Non-resident List of the General Register;
 - (b) photocopy of identity document (Hong Kong Identity Card or passport) which must be:
 - (i) certified true copies by the administrator of oath before whom the statutory declaration is made; or
 - (ii) verified by the Central Registration Office (you must present both the originals and photocopies in person for verification);
 - (c) one recent photograph (size: 40 x 60mm to 50 x 70mm);
 - (d) a crossed cheque or banker's draft for HK\$695*, payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region" (HK\$345* being prescribed fee for the transfer and HK\$350* being fee for a practising certificate). [**Fees subject to revision*]
4. If you are interested in using the autopay facility for future payment of fee for the annual practising certificate, please contact the Central Registration Office for Autopay Authorization Form.
5. Although the registered address may be a practising address, a residential address or a Post Office Box number, you are advised to provide the practising address as the registered address. The practising address will be of more meaningful reference for the public in ascertaining who is entitled to practise medicine in Hong Kong, and will also afford privacy to the practitioner's residential address, as the registered address is published in the Gazette (which is also available in the Government's e-Gazette website).
6. Completed application form, together with all supporting documents and the prescribed fees, should be submitted in person or by post to:-

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

7. Enquiries should be directed to the Central Registration Office at 2961 8655.