

THE MEDICAL COUNCIL OF HONG KONG

Application for Limited Registration under section 14A of Medical Registration Ordinance

(Promulgation No. 3)

I apply for registration as a medical practitioner with limited registration in accordance with section 14A of the Medical Registration Ordinance pursuant to Promulgation No. 3 of the Medical Council on Limited Registration. My personal particulars are as follows –

- (a) Surname (English) : _____ (Chinese) : _____
Given name (English) : _____ (Chinese) : _____
- (b) Date of birth : _____
- (c) Gender : *Male/Female
- (d) *Hong Kong Identity Card No. _____ and/or
*Passport No. _____ issued by _____ (country) in _____ (place)
- (e) Address : _____

- (f) Telephone number : _____
- (g) Fax number : _____
- (h) E-mail address : _____

2. I have been selected for employment in Hong Kong as a medical practitioner in the following institution for medical duties specified in the Promulgation No. 3 of the Medical Council on Limited Registration gazetted on 3 November 1995 –

Name and Address of Institution(s) (社團名稱及地址)	Name and Address of the Clinic(s) (診療所名稱及地址)	Nature of duties to be performed	Period of employment
(English)	(English)		
(Chinese)	(Chinese)		

3. I hold the following qualifications –

4. I have had the following post-qualification clinical experience –

5. I am registered as a medical practitioner with the following medical authorities –

6. I confirm that <See Note > –

- (a) I *have/have **never** been convicted of a criminal offence **punishable** with imprisonment (irrespective of whether actually sentenced to imprisonment) in **Hong Kong or elsewhere**.
- (b) I *am/am **not** currently the subject of any on-going criminal proceeding(s) in **Hong Kong or elsewhere**.
- (c) I *have/have **never** been found guilty of professional misconduct by any professional body in **Hong Kong or elsewhere**.
- (d) I *am/am **not** currently the subject of any on-going disciplinary proceeding(s) by any professional body in **Hong Kong or elsewhere**.

(* delete as appropriate)

<Note> : If there is any such conviction, finding of professional misconduct, or criminal or disciplinary proceedings, full details must be provided.

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**.

Applicant's
recent photograph

**(administrator of
oath to sign
across the affixed
photograph of the
applicant)**

(size: 40 x 60mm
to 50 x 70mm)

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: _____

Official Stamp

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

THE MEDICAL COUNCIL OF HONG KONG

Application for Limited Registration under Promulgation No. 3

Character Reference (1)

I recommend _____ (Applicant's name) for limited registration as a medical practitioner under section 14A of the Medical Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:-

In my judgment, the Applicant is a person of good character and is fit and proper to be registered as a medical practitioner with limited registration.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):-

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Medical Council can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

Signature : _____

Name : _____ (BLOCK letters)

Occupation / Profession : _____

Address : _____

Telephone No. : _____

Email : _____

Date : _____

WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a medical practitioner under section 14A of the Medical Registration Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

THE MEDICAL COUNCIL OF HONG KONG

Application for Limited Registration under Promulgation No. 3

Character Reference (2)

I recommend _____ (Applicant's name) for limited registration as a medical practitioner under section 14A of the Medical Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:-

In my judgment, the Applicant is a person of good character and is fit and proper to be registered as a medical practitioner with limited registration.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):-

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Medical Council can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

Signature : _____

Name : _____ (BLOCK letters)

Occupation / Profession : _____

Address : _____

Telephone No. : _____

Email : _____

Date : _____

WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a medical practitioner under section 14A of the Medical Registration Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

Personal Information Collection Statement

Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for registration as a registered medical practitioner with limited registration. 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 information published in the Gazette will also be published in the website of the Medical Council of Hong Kong. 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.

Transfer to Others

3. 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

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

Application for Limited Registration under Promulgation No. 3

Guidance Note

Pursuant to section 14A of the Medical Registration Ordinance (“MRO”), Chapter 161, Laws of Hong Kong, the Medical Council of Hong Kong has determined that until such time as it may take a contrary determination the following employment is appropriate and necessary for limited registration for the purpose of the MRO:-

“Being such persons (whose names were entered prior to the end of 1964 into a list maintained by the Registrar of Clinics, Department of Health) appointed for the provision of primary healthcare, and to be responsible for the medical management of those clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance, Chapter 343 of the Laws of Hong Kong.”

Persons registered as medical practitioners with limited registration under promulgation no. 3 shall be subject to the following restrictions and conditions regarding their practice:-

- (1) the Professional Code and Conduct for the Guidance of Registered Medical Practitioners, published by the Council; and
- (2) the Code of Practice for Medical Practitioners Registered with Limited Registration in accordance with Promulgation (No. 3), published by the Council.

Please note the following in making the application:-

1. Complete application form clearly and in BLOCK letters. Incomplete or illegible applications will not be processed. 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:-
 - (a) **photocopy** of the 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 the photocopies in person for verification);
 - (b) **originals** of the following:-
 - (i) 4 recent photographs (size: 40 x 60mm to 50 x 70mm), one of which to be affixed to application form;
 - (ii) an official letter from the employer/employing institution certifying that you have been appointed for the provision of primary healthcare and you are responsible for the medical management of a clinic exempted from the provisions of section 7 of the Medical Clinics Ordinance, Cap. 343 and that your appointment is necessary and appropriate to meet the community’s need for medical service (the name chop of the employing institution has to be stamped on the official letter); and

(iii) references as to your character from at least 2 persons, not being your relatives, who have known you for at least 12 months and who have the opportunity of judging your character;

(c) a crossed cheque or banker's draft for HK\$1,675* made payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". (HK\$1,270* being prescribed fee for limited registration and HK\$405* being fee for the practising certificate for the first year of registration. Practising certificate(s) for subsequent year(s) will be charged separately if limited registration will be granted for more than one year.) [*Fees subject to revision]

4. 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

5. Enquiries should be directed to the Central Registration Office at 2961 8648.