THE MEDICAL COUNCIL OF HONG KONG

Application for Specialist Registration under section 20K of Medical Registration Ordinance

I apply for inclusion of my name in the Specialist Register under section 20K of the Medical Registration Ordinance, Chapter 161, Laws of Hong Kong, under the following specialty:-

Specialty		Specialty Code (see Guidance Note)	

Personal Particulars

Full Name (Must match name in General Register)	(Family name) (Given name)		in Chinese (if any)
Registration No. (in General Register)		HKID No.	
Passport No. (If no HKID)		Issuing Country	

(Note: If there is any change in your registered contact information, notify the Council Secretary separately.)

Specialist Qualification

Qualification	☐ FHKAM (_____) ☐ Others: _____
Year awarded	

☐ *FHKAM*: HKAM has certified that I have: (i) completed the postgraduate medical training for the relevant specialty, and (ii) satisfied the continuing medical education requirements for the relevant specialty.

☐ *Non-FHKAM*: HKAM has certified that I have: (i) achieved a professional standard comparable to that required for award of the relevant FHKAM, (ii) completed the postgraduate medical training comparable to those required by HKAM for the relevant specialty, and (iii) satisfied the continuing medical education requirements comparable to those required by HKAM for the relevant specialty.

Criminal Conviction / Professional Misconduct

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**.
I	*☐ am ☐ am **NOT**	currently the subject of any on-going criminal proceeding(s) in **Hong Kong or elsewhere**.
I	*☐ have ☐ have **NEVER**	been found guilty of professional misconduct by **any** professional body in **Hong Kong or elsewhere**.
I	*☐ am ☐ 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

Certificate of Good Standing

(For residents outside Hong Kong only)

☐ I am **NOT** registered as a medical practitioner in any place outside Hong Kong.

☐ I am registered as a medical practitioner with the following medical authorities outside Hong Kong (set out **ALL** authorities with which you are registered):-

State/Territory/Place	Medical Authority	Period of Registration
		to
		to
		to

Submit: Certificate(s) of good standing (original) **(**issued by **EACH** medical authority within 3 months before this application)

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

Official Stamp

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

THE MEDICAL COUNCIL OF HONG KONG

Application for Specialist Registration

Evidence of Applicant's Identity

(To be completed by the administrator of oath before whom the statutory declaration is made)

I give this certificate for the purpose of the application of _____(Applicant's name) for specialist registration in accordance with section 20K of the Medical Registration Ordinance, Chapter 161, Laws of Hong Kong.

I certify that I have **personally** checked the personal particulars and photograph **(across which I have put my signature)** provided in the application form. I am satisfied that they are the same as shown in the Applicant's:-

☐ Hong Kong Identity Card number _____.

☐ passport number _____ issued by _____(country).

Signature : _____

Name : _____

Status: ☐ Commissioner for Oaths ☐ Solicitor
☐ Barrister ☐ Notary Public

Address : _____

_____

Tel. No. : _____

Email : _____

Date : _____

THE MEDICAL COUNCIL OF HONG KONG

Specialist Registration

Character Reference (1)

I recommend _____(Applicant's name) for specialist registration under section 20K 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 a fit and proper person to be registered as a specialist.

I have the following additional comments 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 20K 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

Specialist Registration

Character Reference (2)

I recommend _____(Applicant's name) for specialist registration under section 20K 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 a fit and proper person to be registered as a specialist.

I have the following additional comments 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 20K 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 specialist 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

2. The names, addresses, qualifications and dates of qualifications of doctors on the Specialist Register are published in the Gazette annually. The information is also 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 specialist.

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 Specialist Registration

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 following offices:- .

   (a) Central Registration Office
   17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong
   (Tel. No. : 2961 8648 / 2961 8650)

   (b) Chinese Medicine Council Secretariat
   22/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong
   (Tel. No. : 2121 1888)

   (c) Boards and Councils (Branch) Office
   1/F & 2/F, Shun Feng International Centre, 182 Queen's Road East, Wanchai, Hong Kong
   (Tel. No. : 2527 8351 / 2527 8360)

   (d) Medical Council Secretariat
   4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
   (Tel. No. : 2873 4797)

   (e) Clinic Administration and Planning Section (Branch Office)
   Room 331, 3/F Sha Tin Government Offices, 1 Sheung Wo Che Road, Shatin, New Territories
   (Tel. No. : 2158 5131)

3. Submit:-

   (a) **photocopies of**
   (i) identity document (Hong Kong Identity Card or passport);
   (ii) diploma evidencing the degree or qualification by virtue of which you are applying to have your name included in the Specialist Register:-
   - diploma of Fellowship or formal letter of Fellowship Admission to the Academy issued by the Hong Kong Academy of Medicine ("HKAM"); or
   - formal letter of Certification for Specialist Registration issued by the HKAM certifying your (i) having achieved a professional standard comparable to that required for award of the relevant FHKAM, (ii) completion of postgraduate medical training comparable to those required by HKAM for the relevant specialty, and (iii) satisfaction of continuing medical education requirements comparable to those required by HKAM for the relevant specialty,

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) evidence of identity;
(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;
(iv) a certificate of good standing issued (within 3 months before the application) by the relevant medical authority of a state, territory or place outside Hong Kong with which you are registered as a medical practitioner (if any), ***if you are resident outside Hong Kong***;

(c) a crossed cheque or banker's draft for HK$1,220* for registration fee, payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". [**Fee subject to revision*]

4. Completed application form, together with all supporting documents and the registration fee, 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 8705 or 2873 4829.

General Information on Specialist Registration

1. A doctor becomes a specialist by being included in the Specialist Register ("**SR**"). Currently there are 65 specialties in the SR. A doctor's name can only be included under one specialty.

2. Only specialists (i.e. doctors whose names are on the SR) are entitled to hold themselves out as specialists and use the specialist title "Specialist in [*the relevant specialty*]".

3. A specialist is under a statutory obligation to undergo continuing medical education determined by the Hong Kong Academy of Medicine ("**HKAM**") for his specialty. A specialist cannot use the "CME-Certified title" which can only be used by non-specialists.

4. The criteria for inclusion in the Specialist Register are prescribed in section 20K of the Medical Registration Ordinance ("**MRO**"). In short, a person applying for specialist registration must be:-

(a) a registered medical practitioner (i.e. a person whose name is on the General Register);
(b) a Fellow of HKAM, or is certified by HKAM that he has achieved a comparable professional standard;
(c) certified by HKAM to have completed the postgraduate medical training and satisfied continuing medical education requirements for the relevant specialty, or is certified by HKAM to have completed comparable training and satisfied comparable CME requirements; and
(d) of good character.

For further information, please refer to Part IIIC of the MRO.

5. If a doctor ceases to be a registered medial practitioner, he loses the prerequisite status for remaining on the SR. Persons removed from the General Register pursuant to section 19, 21 or 21A of the MRO will be removed from the SR at the same time.

6. The requisite FHKAM for the respective specialties are set out below:-

	Description	**Specialty Code**	**Requisite Qualification**
1.	Anaesthesiology	S01	FHKAM(Anaesthesiology)
2.	Intensive Care	S02	FHKAM(Anaesthesiology)
3.	Community Medicine	S03	FHKAM(Community Medicine)
4.	Emergency Medicine	S04	FHKAM(Emergency Medicine)
5.	Family Medicine	S05	FHKAM(Family Medicine)
6.	Obstetrics & Gynaecology	S06	FHKAM(Obstetrics and Gynaecology)
7.	Ophthalmology	S07	FHKAM(Ophthalmology)

	Description	Specialty Code	Requisite Qualification
8.	Orthopaedics & Traumatology	S08	FHKAM(Orthopaedics Surgery)
9.	Otorhinolaryngology	S09	FHKAM(Otorhinolaryngology)
10.	Paediatrics	S10	FHKAM(Paediatrics)
11.	Pathology	S11	FHKAM(Pathology)
12.	Internal Medicine	S12	FHKAM(Medicine)
13.	Cardiology	S13	FHKAM(Medicine)
14.	Critical Care Medicine	S14	FHKAM(Medicine)
15.	Dermatology & Venereology	S15	FHKAM(Medicine)
16.	Endocrinology, Diabetes & Metabolism	S16	FHKAM(Medicine)
17.	Gastroenterology & Hepatology	S17	FHKAM(Medicine)
18.	Geriatric Medicine	S18	FHKAM(Medicine)
19.	Haematology & Haematological Oncology	S19	FHKAM(Medicine)
20.	Nephrology	S20	FHKAM(Medicine)
21.	Neurology	S21	FHKAM(Medicine)
22.	Respiratory Medicine	S22	FHKAM(Medicine)
23.	Rheumatology	S23	FHKAM(Medicine)
24.	Psychiatry	S24	FHKAM(Psychiatry)
25.	Radiology	S25	FHKAM(Radiology)
26.	Clinical Oncology	S26	FHKAM(Radiology)
27.	Nuclear Medicine	S27	FHKAM(Radiology)
28.	General Surgery	S28	FHKAM(Surgery)
29.	Urology	S29	FHKAM(Surgery)
30.	Neurosurgery	S30	FHKAM(Surgery)
31.	Cardio-thoracic Surgery	S31	FHKAM(Surgery)
32.	Plastic Surgery	S32	FHKAM(Surgery)
33.	Paediatric Surgery	S33	FHKAM(Surgery)
34.	Immunology and Allergy	S34	FHKAM(Medicine)
35.	Infectious Disease	S35	FHKAM(Medicine)
36.	Medical Oncology	S36	FHKAM(Medicine)
37.	Administrative Medicine	S37	FHKAM(Community Medicine)
38.	Public Health Medicine	S38	FHKAM(Community Medicine)

	Description	Specialty Code	Requisite Qualification
39.	Occupational and Environmental Medicine	S39	FHKAM(Community Medicine)
40.	Anatomical Pathology	S40	FHKAM(Pathology)
41.	Chemical Pathology	S41	FHKAM(Pathology)
42.	Forensic Pathology	S42	FHKAM(Pathology)
43.	Haematology	S43	FHKAM(Pathology)
44.	Immunology	S44	FHKAM(Pathology)
45.	Clinical Microbiology and Infection	S45	FHKAM(Pathology)
46.	Palliative Medicine	S47	FHKAM(Medicine) FHKAM(Radiology)
47.	Clinical Pharmacology & Therapeutic	S48	FHKAM(Medicine)
48.	Rehabilitation	S49	FHKAM(Medicine) FHKAM(Orthopaedic Surgery)
49.	Gynaecological Oncology	S50	FHKAM(Obstetrics & Gynaecology)
50.	Urogynaecology	S51	FHKAM(Obstetrics & Gynaecology)
51.	Reproductive Medicine	S53	FHKAM(Obstetrics & Gynaecology)
52.	Maternal & Fetal Medicine	S54	FHKAM(Obstetrics & Gynaecology)
53.	Pain Medicine	S55	FHKAM(Anaesthesiology)
54.	Paediatric Immunology, Allergy and Infectious Diseases	S56	FHKAM(Paediatrics)
55.	Developmental-Behavioural Paediatrics	S57	FHKAM(Paediatrics)
56.	Paediatric Neurology	S58	FHKAM(Paediatrics)
57.	Clinical Toxicology	S59	FHKAM(Emergency Medicine) FHKAM(Medicine)
58.	Paediatric Respiratory Medicine	S60	FHKAM(Paediatrics)
59.	Genetics and Genomics (Paediatrics)	S61	FHKAM(Paediatrics)
60.	Paediatric Endocrinology	S62	FHKAM(Paediatrics)
61.	Genetic and Genomic Pathology	S63	FHKAM(Pathology)
62.	Vascular Surgery	S64	FHKAM(Surgery)
63.	Paediatric Haematology & Oncology	S65	FHKAM(Paediatrics)
64.	Genetics and Genomics (Medicine)	S66	FHKAM(Medicine)
65.	Interventional Radiology	S67	FHKAM(Radiology)