

THE MEDICAL COUNCIL OF HONG KONG

Application for Renewal of Special Registration under section 14C of Medical Registration Ordinance

[Form 3 (Renewal) – to be completed by an applicant who has been granted a special registration by virtue of his qualification under section 14C(10)(a)(i)- (iii) [Form 3] of the MRO <See Note 1>]

I apply for renewal of my current special registration (Registration No. _____) under section 14C of the Medical Registration Ordinance (MRO), Chapter 161, Laws of Hong Kong, which will expire on _____. 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) Permanent address : _____

- (f) Registered address (i.e. address in Hong Kong for service of notices from the Medical Council) : < **See Note 2** >
(English) _____
(Chinese) _____
- (g) Telephone number : _____
- (h) Fax number : _____
- (i) E-mail address : _____

- 2. I *agree/do not agree to have my registered address published in the Medical Council's website. <**See Note 3**>
- 3. I confirm that I have been continuously engaged in full-time employment as a medical practitioner with special registration with _____ (Name of Employing Institution <**See Note 4**>) from _____ to _____ (Period of employment) and shall remain employed on the terms specified in the Evidence of Employment provided by the employing institution.

4. **The Recognized Medical Qualification for the Purpose of Section 14C of the MRO <See Note 5 >:**

Qualification Awarded

I am not a Hong Kong permanent resident but holding a medical qualification that is a recognized medical qualification for the purposes of section 14C of the MRO. Details are as follows:

Awarding Institution	
(a) Body Awarding Medical Qualification	
(b) Place	
(c) Campus (if applicable)	
(d) Medical Qualification Awarded	
(e) Duration of Medical Programme	
(f) Medium of Instruction	
(g) Period Attended	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> Day </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> Month </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> Year </div> </div> to <div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> Day </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> Month </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> Year </div> </div>
(h) Date Awarded	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> Day </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> Month </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> Year </div> </div>
(j) Address	
(i) Tel. No.	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> (country code) </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> / </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> (area code) </div> </div>
(k) Fax No.	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> (country code) </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> / </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> (area code) </div> </div>

5. I confirm that –
- ☐ I have been awarded a Fellowship of the Academy of Medicine in the following specialty:
_____ (Name of Specialty)
 - ☐ I have been certified by the Academy of Medicine to have completed the training, and obtained the qualification, comparable to that required of a Fellow in the following specialty by the Academy:
_____ (Name of Specialty)
 - ☐ I have been certified by the Academy of Medicine to have satisfied the continuing medical education requirements for the specialty of _____ (Name of Specialty).

6. I confirm that I am registered as a medical practitioner with the following medical authorities outside Hong Kong –

Submit: Copy of certificate(s) of registration as a medical practitioner in any state, territory or place outside Hong Kong

7. I confirm that <See Note 6 > -

- (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 1> : Pursuant to section 14C(10)(a)(i)-(iii) of the MRO, the specified person means a person who–
- (i) holds a recognized medical qualification as defined under 14D of the MRO;
 - (ii) is registered under the law of a qualifying place as a medical practitioner in that place; and
 - (iii) for a person who is not a Hong Kong permanent resident—
 - (A) has been awarded a Fellowship of the Academy of Medicine in a specialty, or has been certified by the Academy of Medicine to have completed the training, and obtained the qualification, comparable to that required of a Fellow in a specialty by the Academy; and
 - (B) has been certified by the Academy of Medicine to have satisfied the continuing medical education requirements for the specialty.

- <Note 2> : Although the registered address may be a practising address, a residential address or a Post Office Box number, the applicant is 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).
- <Note 3> : While publication of the registered medical practitioner's registered address in the Gazette is a mandatory requirement under the Medical Registration Ordinance, the Medical Council has decided that a registered medical practitioner may choose whether to have his/her registered address published in the Council's website.
- <Note 4> : Employing Institutions should be one of the Specified Institutions as set out in Schedule 1B of the MRO, i.e. Department of Health, Hospital Authority, the University of Hong Kong and the Chinese University of Hong Kong.
- <Note 5> : Information provided for items 4(a) to 4(f) must tally with the information as specified in Schedule 1A to the MRO.
- <Note 6> : 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 suspected 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)

And I make this solemn declaration conscientiously believing the
same to be true, and by virtue of the Oaths and Declarations
Ordinance.

Applicant's Signature : _____

Declared at _____ (place) on _____ (date)

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**.

(Please tick "✓" as appropriate.)

THE MEDICAL COUNCIL OF HONG KONG

Application for Renewal of Special Registration

Evidence of 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 registration as a medical practitioner under section 14C 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 : _____

(Please tick "✓" as appropriate.)

THE MEDICAL COUNCIL OF HONG KONG

Application for Renewal of Special Registration

Character Reference (1)

I recommend _____ (Applicant's name) for special registration as a medical practitioner under section 14C 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 special registration.

I have the following additional comments (if any) on the Applicant's character (please 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 14C 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 Renewal of Special Registration

Character Reference (2)

I recommend _____ (Applicant's name) for special registration as a medical practitioner under section 14C 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 special registration.

I have the following additional comments (if any) on the Applicant's character (please 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 14C 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**.

MEDICAL REGISTRATION ORDINANCE
Application for Renewal of Special Registration

Evidence of Employment

This is an evidence of employment in support of the application of Dr.....for special registration as a medical practitioner under section 14C of the Medical Registration Ordinance (MRO), Cap. 161.

2. I confirm that the applicant has been continuously engaged in full-time employment as a medical practitioner with special registration in(Name of Employing Institution) from to (Period of employment) and the applicant will remain employed on the following terms:

(a) Capacity of appointment:

(b) Department/Office of the employing institution in which the applicant will be working:
.....

(c) Nature of duties to be performed:
.....

(d) Terms of appointment:

(i) Permanent terms (commencement date)

/ Contract terms (from to.....) *

(ii) Renewal of contract (if applicable):

Duration of previous appointments under special registration:

Number of renewals of contract:

3. I certify that the applicant holds a recognized medical qualification as defined under section 14D of the MRO which meets the criteria for special registration under section 14C of the MRO.

(Signature)

(Full name in block letters)

(Position)

(Date)

(Employing Institution)

(* delete as appropriate)

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 special 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, the Registrar of Medical Practitioners shall publish in the Gazette annually a list of the names, addresses, registration numbers, and other particulars he/she considers appropriate, of all persons whose names appear on Part I, III or V of the General Register on 1 January immediately preceding the publication of the list in the Gazette. The Registrar of Medical Practitioners shall also publish in the Gazette annually a list of the names, addresses, registration numbers, and other particulars he/she considers appropriate, of all persons whose names were added to Part I, III or V of the General Register between 1 January and 1 July of such year. The main purpose of such publication is to inform the public who is 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, 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 Renewal of Special Registration

Guidance Note

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) **photocopies of**

- (i) Identity document (Hong Kong Identity Card or passport);
- (ii) Qualification certificates;
- (iii) A certificate of registration as a medical practitioner in any state, territory or place outside Hong Kong if the applicant has been registered in such state, territory or place; and
- (iv) Documents evidencing the Fellowship and continuing medical education received:
 - “Diploma of Fellowship” or formal letter of “Fellowship Admission to the Academy” issued by the Hong Kong Academy of Medicine (“HKAM”); or
 - formal letter issued by the HKAM certifying that you have (1) completed the training, and obtained the qualification, comparable to that required of a Fellow in a specialty by the Academy; and (2) satisfied the continuing medical education requirements for the 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) evidence of employment from the employing institution certifying that you have been engaged in full-time employment as a medical practitioner with special registration in a specified institution since being granted a special registration, including evidence of the period of employment ; and
- (iv) 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\$4,290* made payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". (HK\$3,600* being prescribed fee for special registration and HK\$690* being fee for the practising certificate for the first year of registration. Practising certificate(s) for subsequent year(s) will be charged separately.) [**Fee amounts 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 (852) 2961 8705 (telephone) or sco_m@dh.gov.hk (email).