

THE MIDWIVES COUNCIL OF HONG KONG
Application for Restoration of Name to the Register of Midwives
under the Midwives Registration Ordinance, Cap. 162

Application Notes

- 1) To apply for restoration of your name to the register of midwives (“the register”) maintained by the Midwives Council of Hong Kong (“the Council”), please complete the application form and provide the required documentary proof verifying your fulfillment of the Council’s requirements for restoration of name to the register.
- 2) The Council assesses each application on an individual basis.
- 3) The Council is unable to assist with employment issues.
- 4) If you are/have been a midwife registered outside Hong Kong, please:
 - (a) detach and send the “Verification of Registration and Good Standing” on page 5 of the application form to the Registration Authority which had issued your Registration Certificate outside Hong Kong for completion. The completed form must be sealed in an official envelope of the Registration Authority and returned by that Registration Authority to this Council direct. Please note that the Registration Authority outside Hong Kong may take three to four months’ time on average to complete and return the “Verification of Registration and Good Standing” to this Council;
 - (b) provide the Council with your certificate of midwife registration and practising certificate of midwife issued by your Registration Authority outside Hong Kong.
- 5) Depending on the expiry date of the applicant’s last practising certificate, the applicant is required to attend the respective continuing education in midwifery (CEM) activities recognised by the Council / organised by the accredited providers of CEM and obtain the respective CEM points as required, or to attend and pass the assessments of the return-to-practice (RTP) programme accredited by the Council. Details of the requirements are as follows:

Situation

Restoration Requirements Note 1 - 4

- (i) the applicant whose practising certificate had expired for **less than 1 year**

the applicant should provide documentary proof of his/her completion of CEM activities, organised by accredited CEM providers in Hong Kong, awarding **15 CEM points**, in which at least **5 CEM points** must be obtained from direct midwifery-related activities, from 1 January following the expiry date of his/her last practising certificate to 31 December of the year of the application

- (ii) the applicant whose practising certificate had expired for **1 year to less than 2 years**

the applicant should provide documentary proof of his/her completion of CEM activities, organised by accredited CEM providers in Hong Kong, awarding **30 CEM points**, in which at least **10 CEM points** must be obtained from direct midwifery-related activities, from 1 January following the expiry date of his/her last practising certificate to 31 December of the year of the application

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|--|---|
| <p>(iii) the applicant whose practising certificate had expired for <u>2 years to less than 3 years</u></p> | <p>the applicant should provide documentary proof of his/her completion of CEM activities, organised by accredited CEM providers in Hong Kong, awarding <u>45 CEM points</u>, in which at least <u>15 CEM points</u> must be obtained from direct midwifery-related activities, from 1 January following the expiry date of his/her last practising certificate to 31 December of the year of the application</p> |
| <p>(iv) the applicant whose practising certificate had expired <u>for 3 years or up to 5 years</u></p> | <p>the applicant should provide documentary proof of his/her completion of CEM activities, organised by accredited CEM providers in Hong Kong, awarding <u>60 CEM points</u>, in which at least <u>20 CEM points</u> must be obtained from direct midwifery-related activities, from 1 January following the expiry date of his/her last practising certificate to 31 December of the year of the application</p> |
| <p>(v) the applicant whose practising certificate had expired for <u>more than 5 years</u></p> | <p>the applicant should be required to complete the RTP programme as approved by the Council and pass the assessment of the programme</p> |

Note 1: No exemption of the application requirements would be granted to applicants who are currently practising midwifery and/or residing outside Hong Kong. However, overseas continuous nursing or midwifery programmes, which are recognised by the nursing/midwifery registration authorities outside Hong Kong, would be considered and reciprocally accepted as meeting the Council's respective requirements if the programmes are comparable to the content of the CEM activities or RTP programme.

Note 2: For details about the CEM Scheme and award of CEM points, please refer to the "Manual for Continuing Education in Midwifery (CEM) Scheme", which is available at the Council's website at www.mwchk.org.hk. The continuing nursing education (CNE) activities for nurses and CNE points recognised by the Nursing Council of Hong Kong would be reciprocally recognised.

Note 3: A "List of Accredited Provider Institutes for Continuing Education in Midwifery (CEM) Scheme" and lists of programmes / activities recognised by the Council can be downloaded from the Council's website.

Note 4: The RTP programme will not be regularly organised. Applicants should contact the programme provider (the School of Midwifery of the Prince of Wales Hospital, Telephone no: (852) 3505 2044) direct for application for the programme. The programme outline can be downloaded from the Council's website.

- 6) If you have not completed the respective CEM/RTP programme as required in paragraph 5 above and/or fail to provide the relevant documentary proof when you submit the application for restoration, you will be required to make up the CEM deficiency or attend the RTP programme and provide the required documents to the Council for consideration.
- 7) You will be notified in writing if you are required to make up the CEM deficiency or attend the RTP programme or fulfill other conditions before you will be allowed to restore your name to the register.

8) Please note that according to section 17(1) of the Midwives Registration Ordinance, Cap. 162, Laws of Hong Kong, a person who, not being a registered midwife -

- (a) uses the name or title of midwife, either alone or in combination with any other expression; or
- (b) uses any name, title, description, uniform or badge,

implying that the person is a registered midwife or is a person specially qualified to practise midwifery or is recognized by law as a midwife, commits an offence and is liable on summary conviction to a fine at level 5 and to imprisonment for 2 years.

9) After you have completed the application form, please submit it, together with the required documents, either in person or by post, to the Secretariat of the Council. **Applications sent by fax or by email will not be processed.** The address and office hours of the Secretariat are as follows:

Address

5/F, High Block, Queensway Government Offices, 66 Queensway, Hong Kong

Office hours

Mondays: 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 6:00 p.m.

Tuesdays to Fridays: 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 5:45 p.m.

(Closed on Saturdays, Sundays and Public Holidays)

10) Before submitting your completed application form (pages 1 to 4), please ensure that the following documents are enclosed:

- (a) *Certificates of the CEM activities and the course outline of the midwifery-related CEM courses / RTP programme;
- (b) *Hong Kong Identity Card/Passport;
- (c) Completed Declaration Form on page 4 of the application form
- (d) *Certificate of your midwife registration and practising certificate of midwife issued by your Registration Authority outside Hong Kong (for applicant who are/have been registered as a midwife outside Hong Kong); and
- (e) Two unmounted copies of your recent photograph.

** If you submit the application in person, please bring the originals and photocopies of the documents to the Secretariat of the Council for verification. The original documents will be returned immediately after verification of the photocopies submitted. If you submit the application by post, please send certified true copies of the documents, i.e. duly legalized/ authenticated by notarization, to the Secretariat.*

11) Missing required documents and unclear information will delay the processing of your application.

12) The Council will consider the application only when all required documents are provided for assessment and verification. You should take this into account if you intend to take up employment as a registered midwife in Hong Kong, particularly within a short period of time.

13) Please note that if the names appear differently on the documentary proofs, you will be required to submit a statutory declaration verifying that the different names appear on the documents submitted for your application are all referring to the same person, if deemed necessary. If the declaration is so required, you will be informed of the details in writing.

- 14) For any enquiries, please contact the staff of the Council Secretariat at (852) 2527 8351 during office hours, or by e-mail to mwc@dh.gov.hk.

July 2025 Version

THE MIDWIVES COUNCIL OF HONG KONG
Application for Restoration of Name to the Register of Midwives
and for a Practising Certificate under the Midwives Registration Ordinance, Cap. 162

I hereby apply for restoration of name to the Register of Midwives maintained by the Midwives Council of Hong Kong (“the Council”).

1. My personal particulars are as follows:

Surname _____

Given Name _____

Name in Chinese Characters (if any) _____

Date of Birth _____ Passport / HKID No.^ _____

Correspondence Address (preferably in Hong Kong) _____

Email Address _____ Tel No. in Hong Kong (if any) _____

Date of Registration with the Council _____ Day _____ Month _____ Year _____

Registration No. _____

Expiry Date of My Last Practising Certificate _____ Day _____ Month _____ Year _____

I am **currently registered / have been registered / have never been registered**[#] as a midwife outside Hong Kong, details are as follows:

(a) Name of the Registration Authority outside Hong Kong (if applicable): _____

(b) Registration no. of my registration with the authority above (if applicable): _____

[^] Please delete as inappropriate.

[#] If you are/have been registered as a midwife outside Hong Kong, you are required to:

(a) send the “Verification of Registration and Good Standing” on page 5 of the application form to the Registration Authority which had issued your Registration Certificate outside Hong Kong for completion. The completed form must be sealed in an official envelope of the Registration Authority and returned by that Registration Authority to this Council direct;

(b) provide the Council with the certificate of your midwife registration and practising certificate of midwife issued by your Registration Authority outside Hong Kong.

2. From 1 January following the expiry date of my last practising certificate to 31 December of the year of this application, I have completed the following continuing education in midwifery (CEM) activities / return-to-practice programme:

	Names of the Programme and Programme Provider	Period		CEM Points Awarded	Midwifery-related Course® (Yes/No)	Certificate Attached* (Yes/No)
		From (Day/Month/Year)	To (Day/Month/Year)			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

@ The course outline of midwifery-related CEM courses should be enclosed.

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3. I enclose the following: -

- (a) *Certificates of the CEM activities and the course outline of the midwifery-related CEM courses / return-to-practice programme as indicated above;
- (b) *Hong Kong Identity Card/Passport;
- (c) Completed Declaration Form on page 4 of this application form;
- (d) *Certificate of your midwife registration and practising certificate of midwife issued by your registration authority outside Hong Kong (for applicant who are registered as midwife outside Hong Kong); and
- (e) Two unmounted copies of my recent photograph.

*** *If you submit the application in person, please bring the originals and photocopies of the documents to the Council Secretariat for verification. The original documents will be returned immediately after verification of the photocopies submitted. If you submit the application by post, please send true copies of the documents, duly legalized/authenticated by notarization, to the Council Secretariat. Applications sent by fax or by email will not be processed***

4. I am prepared to pay the prescribed fees for restoration of my name to the register of midwives and the issuance of a practising certificate, and fulfill the requirements as specified by the Council in the event of my application being approved.

☐ Yes

☐ No

5. I declare that the information given by me in this application form is true to the best of my knowledge.

(Signature of Applicant)

Day

Month

Year

(Date)

Declaration Form

(Application for Restoration of Name to the Register of Midwives)

Declaration

I declare that

- (a) I ***have / have not** been convicted of an offence punishable with imprisonment in Hong Kong or elsewhere ^[Note 1];
- (b) I ***have / have not** been found guilty of unprofessional conduct ^[Note 2] in Hong Kong or elsewhere; and
- (c) I ***have / have not been** made the subject of a disciplinary inquiry in Hong Kong or elsewhere.

Details of the conviction/
unprofessional conduct/
disciplinary inquiry
(including any outstanding
inquiry) ^[Note 3], if applicable:

Signature :

Name :

(Surname)

(Given Name)

Registration No.:

Contact Tel. No. :

Residential Address :
(in English and Chinese)

Date :

Day

Month

Year

* Please delete where inappropriate

- Note 1: The protection under the Rehabilitation of Offenders Ordinance (Cap. 297) is not applicable to this application. The applicant is required to make the declaration in any circumstances.
- Note 2: Unprofessional conduct means an act or omission of a registered midwife which could be reasonably regarded as disgraceful or dishonourable by registered midwives of good repute and competency.
- Note 3: If the applicant has any conviction records in Hong Kong or elsewhere; or has been found guilty of unprofessional conduct in Hong Kong or elsewhere; or has been made the subject of any disciplinary inquiry (including any outstanding inquiry) in Hong Kong or elsewhere, the Council may require the applicant to provide further information and/or documents of such conviction, unprofessional conduct and disciplinary inquiry for consideration of his/her application.

VERIFICATION OF REGISTRATION AND GOOD STANDING

To: The Secretary, Midwives Council of Hong Kong
5/F, High Block, Queensway Government Offices
66 Queensway, Hong Kong

Instruction to Applicant

Please send this form to the Registration Authority which issued your **Midwife** Registration Certificate (outside Hong Kong) for completion. You may be required to pay a fee to the Authority for the service you request.

TO BE COMPLETED BY AN OFFICER OF THE REGISTRATION AUTHORITY (in BLOCK letters)

Please confirm the registration details of the **midwife** sending you this form by filling in the space provided. After completion, please stamp the official seal of your Registration Authority in the space provided below and send this form to the Midwives Council of Hong Kong **direct** at the address given above **in an official and sealed envelope** of your Registration Authority. Otherwise, the form will be regarded as invalid.

Full name of the applicant	Surname:		
	Given Name:	Sex:	
Name of Registration Authority			
Address of Registration Authority			
Date of Registration	Day	Month	Year
Registration No.			

1. I confirm that the registration of the above-named midwife **is / is not*** currently valid.

2. If **his / her* registration** * is not currently valid, please state the reason(s):

3. I confirm that the midwife named above **has / has never been*** found guilty of misconduct in a professional respect. I also confirm that there **are / there are no*** disciplinary proceedings against him / her* in process.



Signature	
Full Name	
	(in BLOCK letters)
Capacity in Registration Authority	
Date	Day Month Year

Please stamp official seal/stamp of Registration Authority in the space provided.

*** Please delete where inappropriate.**