

The Nursing Council of Hong Kong
Application as Registered Nurses (Sick Children)
under the Nurses Registration Ordinance, Cap. 164
(for nurses trained outside Hong Kong)

Application Notes

1 Who can apply?

1.1 Nurses trained outside Hong Kong who:

- 1.1.1 have attained the minimum age of 21 years;
- 1.1.2 have successfully completed one of the following programmes:
 - a pre-registration children's nursing full-time programme of not less than **3 academic years or equivalent** at a university, college, polytechnic or other training institution as recognized by the Nursing Council of Hong Kong (the Council) from time to time; or
 - other full-time programme(s) of paediatric and adolescent nursing, specially designed for nurses having a qualification of Registered Nurse (General) while joining the programme as approved by the Council from time to time, and the programme must not be less than **1 academic year** in length;
- 1.1.3 are of good character; and
- 1.1.4 possess valid certificate(s) to practise nursing and the care of sick children issued by such certifying body as may be recognized by the Council from time to time as constituting sufficient evidence of his/her competency to practise nursing and the care of sick children at the time of his/her application. The Council will not process any application that fails to produce such document.

2 Application Procedure

- 2.1 The applicant should complete the application form and enclose originals and/or photocopies* of the following:**
- 2.1.1 Nursing graduation certificate(s)
 - 2.1.2 Hong Kong Identity Card/Passport
 - 2.1.3 Valid certificate(s) to practise nursing from local registration authority (e.g. Registered Nurse(General) and/or Registered Nurse (Sick Children) Registration certificate(s) and Practising certificate(s))

** Note: If the applicant submits the application in person, he/she has to bring the originals and photocopies of the above items to the Council for verification. The original documents will be returned immediately after verification of the photocopies submitted. If the applicant submits the application by post, he/she is required to send true copies of these documents, duly legalized/authenticated by notarization, to the Council.*

- 2.2 The applicant should request the training institute(s) to send us his/her transcript(s) stating clearly the detailed breakdowns in theoretical and clinical hours of each subject. Since some of the required information may not be shown on the transcript(s) of the individual applicant, in order not to delay the application, the applicant should also ask the training institute(s) to complete and return to this Council direct the 'Verification of Training Details' and 'Record of Training' on pages 6 to 10 of the application form.**
- 2.3 The applicant should also send the 'Verification of Original Registration' on page 11 of the application form to the registration authority, which issued his/her original registration certificate(s) outside Hong Kong, for completion and returning to this Council direct.**

- 2.4 Please note that the applicant's training institute(s)/registration authority outside Hong Kong may take three to four months' time on average to complete the 'Verification of Training Details/Original Registration' and return them to the Council. The Council will assess the application only when all the required information and documents are provided. The applicant should take this into account if he/she intends to take up employment as a registered nurse (sick children) in Hong Kong, particularly within a short period of time.
- 2.5 The Council does not operate a system of reciprocal registration. It assesses each application on an individual basis in regard to the length and contents of the theoretical and clinical nurse training of the applicant. The applicant will be approved to sit for the Licensing Examination only if he/she has fulfilled the requirements of the Council.
- 2.6 Deadline of application:
- 2.6.1 While applications are processed all year around, only those duly completed applications with all the required documents received by the Council **by the end of October each year** will be assessed and the applicants concerned will be notified whether they are eligible to sit for the Licensing Examination to be held next year.
- 2.6.2 The Council will assess the application **only when all required information and documents are provided as required by the Council**, including items 2.1 to 2.3 above.
- 2.7 Commonly identified mistakes which result in a delay of application:
- 2.7.1 Incomplete information
- 2.7.1.1 It is important to fill out the application entirely and submit all required documents.
- 2.7.1.2 An application cannot be processed until all information is collected.
- 2.7.1.3 Please remember to sign your full name where necessary.
- 2.7.2 Matching information between documents
- 2.7.2.1 Information such as names, birth dates, dates of education, etc. must match supporting documents submitted by the applicant.
- 2.7.2.2 Any discrepancies will need to be clarified before the application can be processed further.
- 2.8 After an applicant has completed the application form, he/she is required to submit it, together with the documents required, either in person or by post, to the Secretariat of the Nursing Council of Hong Kong, 1st Floor, Shun Feng International Centre, 182 Queen's Road East, Wanchai, Hong Kong. Applications sent by fax will not be processed. The office hours of the Secretariat are as follows:
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.
(The Secretariat is closed on Saturdays, Sundays and Public Holidays)
- 2.9 For any enquiries, please feel free to contact the staff of the Council Secretariat at tel. no. 2527 8351 during office hours, or by e-mail to nc@dh.gov.hk.

3 Examination Arrangement

- 3.1 Format:
- 3.1.1 The Licensing Examination for Registration (Sick Children) normally consists of the written and practical parts. There will be no exemption for any part of the Licensing Examination.
- 3.1.2 The applicant must pass the written part before he/she will be allowed to take the

practical part, and must pass both parts of the Licensing Examination before he/she can register with the Council.

3.2 Time frame in taking the Licensing Examination for eligible applicants:

3.2.1 The applicant is required to make his/her first attempt of the Licensing Examination within two years from the date the Council issues its initial approval for sitting the Licensing Examination to him/her. Application for deferment beyond the two-year limit will not be entertained.

3.2.2 If the applicant fails to pass any part of the Licensing Examination, he/she is required to re-sit the failed part only. Nevertheless, the applicant has to re-sit the failed part within one year from the date of his/her last attempt, except with the special permission of the Council and subject to such conditions as to training or instruction as the Council may impose.

3.2.3 If the applicant fails to pass the practical part of the Licensing Examination within three years from the date he/she passes the written part, he/she needs to re-sit both the written and practical parts.

3.2.4 If the applicant fails to pass the Licensing Examination on three occasions, he/she will not be entitled to re-sit the Licensing Examination again without the special permission of the Council. Submission of a fresh application does not mean an applicant will be given further chances to re-sit the Licensing Examination. The following are some of the examples cited for reference:

Scenario 1 :	1 st attempt	pass in the written part
		fail in the practical part
	2 nd attempt	fail in the re-take of the practical part
	3 rd attempt	fail in the re-take of the practical part

Scenario 2 :	1 st attempt	fail in the written part
	2 nd attempt	pass in the re-take of the written part
		fail in the practical part
	3 rd attempt	fail in the re-take of the practical part

Scenario 3 :	1 st attempt	fail in the written part
	2 nd attempt	fail in the re-take of the written part
	3 rd attempt	pass in the re-take of the written part
		fail in the practical part

Scenario 4 :	1 st attempt	fail in the written part
	2 nd attempt	fail in the re-take of the written part
	3 rd attempt	fail in the re-take of the written part

3.3 Schedule of Licensing Examination:

The Council normally organizes the written part of the Licensing Examination in March and practical part in June every year respectively.

3.4 The Secretariat will inform applicants of the details of the examination in writing directly.

3.5 The examination fee is \$715 for the Licensing Examination for Registration (Sick Children). Fees are subject to revision and are not refundable.

Checklist of Documents Required for the Application

(Please refer to paragraph 2 “Application Procedure” of the Application Notes)

Please check if you have enclosed the following documents:	
1	Completed pages 1 to 5 of the Application Form
2	Notarized Copy of HKID/Passport
3	Notarized Copy of Nursing Graduation Certificate(s)
4	Notarized Copy of Registration Certificate(s)
5	Notarized Copy of Certificate(s) to Practise Nursing/Practising Certificate(s)
Have you requested your <u>Training Institute</u> to send the following documents to the Council directly?	
1	Original Transcript(s) with detailed breakdowns of theoretical and clinical training of each subject in clock hours
2	Verification of Training Details (i.e. Pages 6 to 10 of the Application Form)
Have you requested the <u>Registration Authority</u> to send the following document to the Council directly?	
1	Verification of Original Registration (i.e. Page 11 of the Application Form) for Registered Nurse(General) and/or Registered Nurse(Sick Children)

Updated on 27 November 2012
(last version - 10 September 2010)

The Nursing Council of Hong Kong
Application as Registered Nurses (Sick Children) Form
(for nurses trained outside Hong Kong)
under the Nurses Registration Ordinance, Cap. 164

(Note: Please read the application notes carefully before completing this application form.
Please fill in this form in print or typed letters)

1. (a) I hereby apply for my name to be entered as a Registered Nurse (Sick Children) upon the Register maintained by the Nursing Council of Hong Kong.

(b) Do you have any previous application with the Nursing Council of Hong Kong (the Council)?

☐ Yes* (please complete items (c) and (d) below)

☐ No* (please complete Parts 2 to 6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(c) Please specify the date of previous application: D D M M Y Y

(d) Were you approved to sit for the examination of the Council of in previous application?

☐ Yes* (please complete item (e) below)

☐ No* (please complete Parts 2 to 6)

(e) Please specify the number of examination(s) that you have attended:-

Written examination: _____(times)

Practical examination: _____(times)

* Note: Please tick whichever is appropriate

2. My particulars are as follows:

A. Personal Particulars

Surname _____ Maiden name _____

Forenames _____

Name in Chinese characters (if any) _____

Date of birth _____ Married / Single _____

H.K.I.D. / Passport No [#] _____

Note: If you submit the application in person, please bring the original and photocopy of your Hong Kong Identity Card / Passport to the Council Secretariat for verification. The original document will be returned immediately after verification of the photocopy submitted. If you submit the application by post, please send true copies of these documents, duly legalized/authenticated by notarization, to the Council Secretariat.

Correspondence address _____

Contact tel. no. (preferably in Hong Kong) _____ Fax no _____

Email address (if any) _____

B. Record of general education

Secondary schools attended	Form / grade (month / year)	Public exam. (year completed)	Subjects passed

C. Nursing education

School / college of nursing (name and address)	Period of education	
	From (day/month/year)	To (day/month/year)

D. Professional nursing qualifications

Title	Registration licensing authority	Registration number	Year obtained

E. Nursing experience since completion of education

Please give details of post-basic nursing experience, e.g. sick children, paediatric medical, paediatric surgical, substance abuse, etc.

Period [from / to month / year]	Position held	Nature of work	Name and address of hospital

3. I enclose originals and/or photocopies* of the following:-

- | | |
|---|----------------------------------|
| (a) Nursing Graduation Certificate(s) | Tick
<input type="checkbox"/> |
| (b) Hong Kong Identity Card/Passport | <input type="checkbox"/> |
| (c) Valid certificate(s) to practise nursing from
local registration authority
(e.g. Registered Nurse (Sick Children), Registered Nurse (General) certificate(s)) | <input type="checkbox"/> |

* *Note: If you submit the application in person, please bring the originals and photocopies of items 3(a) to (c) 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 these documents, duly legalized/authenticated by notarization, to the Council Secretariat.*

4. Testimonial(s) from employer(s) certifying my nursing practice as indicated in this application form are provided on an optional basis to facilitate the Council's consideration of my application for registration.
5. I am prepared to pay the registration fee required by the Council, sit for the Licensing examination and fulfill other requirements as specified by the Council, in the event of my application being approved.
6. Declaration
I declare that the information given by me in pages 1 to 4 of this application form is true to the best of my knowledge.

Note: According to section 17 of the Nurses Registration Ordinance, Cap. 164, Laws of Hong Kong, if, after due inquiry, the Council is satisfied that any registered nurse has obtained registration by fraud or misrepresentation, the Council, in its discretion, may order that:-

- (i) the name of the registered nurse be removed from the register;*
- (ii) the name of the registered nurse be removed from the register for a specified period; or*
- (iii) such registered nurse be reprimanded.*

Signature of applicant: _____

Name of applicant: _____
(English)

(Chinese)

Date (DD/MM/YYYY) _____

Signature of witness: _____

Name of witness: _____
(English)

(Chinese)

Correspondence address
of witness: _____

Contact tel. no. of witness
(preferably in Hong Kong): _____

Date (DD/MM/YYYY): _____

Please RETURN this Form to:—

The Secretary,
Nursing Council of Hong Kong
1st Floor, Shun Feng International Centre
182 Queen's Road East
Wanchai
Hong Kong

To: The Secretary,
Nursing Council of Hong Kong
1st Floor, Shun Feng International Centre
182 Queen's Road East
Wanchai
Hong Kong

TESTIMONIAL AS TO CHARACTER

I hereby state that I am not a family member or relative of _____

I certify that I have known _____ personally for _____ years
and that *he / she is of good moral character.

REMARKS (if any) : —

Signature: _____

Full Name: _____
(in Block Letter)

* Hong Kong Identity Card /
Passport No. ^[Note]: _____

Correspondence
address: _____

Occupation: _____

Date (DD/MM/YY): _____

* Delete whichever is inapplicable.

Note: The Hong Kong Identity Card / Passport number must be provided in full, otherwise, the "Testimonial as to Character" will be regarded as invalid.

VERIFICATION OF TRAINING DETAILS

To: The Secretary, Nursing Council of Hong Kong
1st Floor, Shun Feng International Centre
182 Queen's Road East
Wanchai, Hong Kong

Note: (1) The Head of Nursing School should complete this form and return it DIRECTLY to the SECRETARY, NURSING COUNCIL OF HONG KONG.

(2) Please fill in this form in print or typed letters.

Surname of Applicant: _____ Maiden name: _____

Forenames: _____ Date of Birth: _____

Name(s) and Address(es) of School(s) of Nursing and Hospital: _____

Dates of Training: Commencement (DD/MM/YYYY) _____

Completion (DD/MM/YYYY) _____

Clinical Resources:

Total number of beds in hospital: _____

Daily average occupancy of beds: _____

Number of beds in the following clinical areas:

Medical _____ Surgical _____

Paediatric _____ Gynaecological _____

Orthopaedic _____ Obstetric _____

Psychiatric _____ Infectious _____

Ear, Nose, Throat & Eye _____

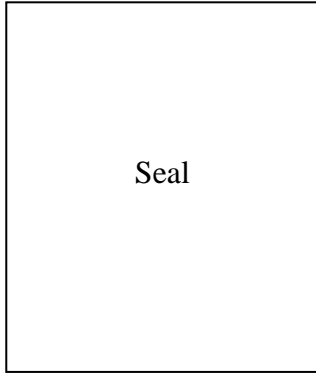
Any others: _____

The nursing education programme was conducted in the _____ language.

Record of theoretical training and practical experience during training:

PLEASE SEND IN FULL ORIGINAL TRANSCRIPT CLEARLY STATING THE THEORETICAL TRAINING IN HOURS AND PRACTICAL EXPERIENCE IN HOURS OR WEEKS (IF IN WEEKS, THE NUMBER OF HOURS PER WEEK SHOULD BE STATED)

I confirm that the applicant has completed the required period of training in this country / state and passed all parts of the examination to qualify for registration.



Signature: _____

Full Name: _____
(in block letters)

Position: _____

Date (DD/MM/YYYY): _____

Please stamp official seal of the School/Hospital in the space provided.

Record of Training of Registered Nurse

Name of Student : (Surname) _____ (Forenames) _____
(Maiden Name) _____

Name of School : _____

Course Title : _____

Duration : _____ years

Study Period : From _____ to _____
Day/ month/ year day/ month/ year

*Mode of Study : Full-time ☐ Part-time ☐
Distance Learning ☐ Others ☐

(please specify)

* Please put a 「✓」 in the appropriate box.

Record of Theoretical Instruction Hours (Including Laboratory-hours)

Subject Areas		Hours
1. Concepts of Health / Health Care including :		
<ul style="list-style-type: none"> ● Primary Health Care ● Health Care Delivery System ● Personal & Communal Health / Personal & Community Health 		
Total :		
2. Social and Behavioural Sciences -		
<ul style="list-style-type: none"> ● Psychology (including Spiritual Aspects) ● Sociology 		
Total :		
3. Biological / Integrated Sciences -		
<ul style="list-style-type: none"> ● Anatomy & Physiology, Growth & Development ● Microbiology ● Pharmacology ● Nutrition & Dietetics 		
Total :		
4. Professional Nursing :		
<ul style="list-style-type: none"> ● History of Nursing ● Philosophy and Nursing Theories / Models ● Ethics and Professional Issues ● Legal Aspects ● Nursing Research 		
Total :		

Subject Areas		Hours
5. Principles & Practice of Nursing : <ul style="list-style-type: none">● Paediatric Nursing<ul style="list-style-type: none">- Theories of growth and development- Health assessment in children and adolescents- Paediatric and adolescent nutrition- Children’s rights- Child abuse and the related roles of the nurse- Play therapy● Adolescent Nursing<ul style="list-style-type: none">- Nursing care and management of adolescents- Sexuality- Sexually transmitted diseases- Eating disorders- Substance abuse- Adolescent pregnancy● Basic Nursing Skills● Peri-operative nursing● First Aid / Emergency Nursing● Illness prevention and health restoration of clients with alteration in various body system functions, including :<ul style="list-style-type: none">- Preventive / Promotive / Rehabilitative Care- Nursing Process and Nursing Diagnosis- Health Assessment- Paediatric Medical Nursing- Paediatric Surgical Nursing- Radiotherapy, Physiotherapy, and Speech Therapy- Introduction to Oncology and Hospice Care- Health Teaching / Learning, Patient Education● Child Mental Health Nursing● Community Nursing● Complementary and alternative therapies		
Total:		
6. Introduction to Nursing Management including: <ul style="list-style-type: none">● Principles of Management● Decision Making & Problem Solving● Planning and Organization, Introduction to Ward Management & Hospital Administration● Leadership● Interpersonal Skills● Communication Skills● Preparation for the Roles of Nurses & Nurse Managers● Health Care Informatics		
Total :		
Grand Total		

Record of Clinical Experience

Specialty	Total No. of Hours
1. Paediatric Medical Nursing (General Medicine, Dermatology, Infectious Disease, Oncology and Hospice Nursing)	
2. Paediatric Surgical Nursing (General Surgery, Anaesthesiology, Neurosurgery, Cardiothoracic Surgery, Gynaecology, Ophthalmology, ENT, Orthopaedic, Traumatology, Operation Theatre & Recovery Room)	
3. Adolescent Nursing and Substance Abuse	
4. Paediatric Mental Health Nursing	
5.. Other relevant related areas (please specify each area with its number of clinical training hours)	
Grand Total	

I certify that the above record is correct.

Signature of School Principal / Course Leader : _____

Full name in block letter : _____

Date (DD/MM/YYYY): _____

Seal

Please stamp official seal of the school in the space provided

VERIFICATION OF ORIGINAL REGISTRATION OUTSIDE HONG KONG

To: The Secretary, Nursing Council of Hong Kong
1st Floor, Shun Feng International Centre
182 Queen's Road East
Wanchai, Hong Kong

INSTRUCTIONS TO APPLICANT

Please send this document to the Registration Authority which issued your Original Registration Certificate(s) (outside Hong Kong) for completion. That Authority may require a fee for the service you request. You are required to fill in all details under **PART A** below before sending this form to that Authority.

PART A — TO BE COMPLETED BY THE APPLICANT (in BLOCK letters)

Full name of the applicant: _____

Registration Authority: _____

Address of Registration Authority: _____

Registration No.: _____ Date of Registration: _____
(DD/MM/YYYY)

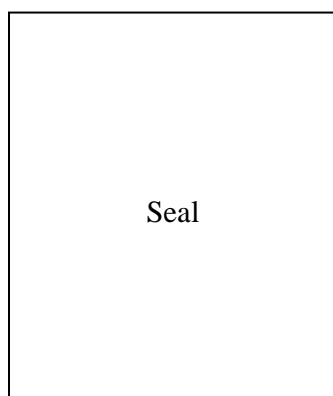
Registration No.: _____ Date of Registration: _____
(DD/MM/YYYY)

Part under which the registration was granted (if applicable): _____

PART B — TO BE COMPLETED BY AN OFFICER OF THE REGISTRATION AUTHORITY (REQUEST TO REGISTRATION AUTHORITY: Will you please confirm the Registration details of the nurse sending you this form by filling in the space provided. After completion, please send this form direct to the Nursing Council of Hong Kong at the address given above)

I confirm that the nurse named above has correctly recorded the details of her / his Registration with our Council / Board and this Registration *is / is not currently valid.

If his / her Registration is not currently valid, please state the reason(s):



Signature: _____

Full Name: _____
(in block letters)

Capacity in Registration
Authority: _____

Date (DD/MM/YYYY): _____

* Delete whichever is inappropriate

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