# THE MEDICAL COUNCIL OF HONG KONG

## Application for Restoration to the General Register

### under section 25(3) of Medical Registration Ordinance

I apply to the Medical Council of Hong Kong for the restoration of my name to the ☐ Resident List ☐ Non-resident List of the General Register under section 25(3) of the Medical Registration Ordinance, Cap.161, Laws of Hong Kong. Details of my personal particulars are set out below.

## Personal Particulars

| | | | |
|---|---|---|---|
| Full Name<br>(Must match name in HKID/Passport) | (Family name) (Given name) in Chinese (if any) | | |
| HKID Card No. | | | |
| Passport No.<br>(If no HKID) | | Issuing Country | |
| Date of Birth | Day Month Year | ☐ Male ☐ Female | |
| Tel. No. | country code / area code / | | |
| Fax No. | country code / area code / | | |
| Email | | | |
| Registered Address<br>(Official address for service of all notices) | (English) | | |
| | | | |
| | (Chinese) | | |
| | | | |

I ☐ agree ☐ refuse to have my registered address published in the Medical Council's website.
(See paragraph 3 of Personal Information Collection Statement)

## Date of removal from the General Register

| | |
|---|---|
| Date of removal | Day Month Year |

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## 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

## Practice of Medicine

I confirm that since my name was removed from the General Register:-

| | | | |
|---|---|---|---|
| I | ☐ have | ☐ have **NOT** | practised medicine **in Hong Kong**. |
| I | ☐ have | ☐ have **NOT** | practised medicine in jurisdiction(s) **outside Hong Kong**. |
| I | *☐ have | ☐ have **NOT** | been refused registration/restoration to a register of medical practitioners **in Hong Kong or elsewhere**. |
| I | ☐ have | ☐ have **NOT** | been registered as a medical practitioner in jurisdiction(s) **outside Hong Kong**. |

Set out **ALL** medical authorities with which you have been registered:-

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

Submit: Certificate(s) of good standing (original) (issued by **EACH** medical authority which has jurisdiction over the Applicant's latest practice <u>within</u> 3 months before this application)

* Provide FULL details in a separate sheet

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## 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.**

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

Address: _____

Tel. No.: _____ Email: _____

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

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# THE MEDICAL COUNCIL OF HONG KONG

## Application for Restoration to the General Register

## Character Reference (1)

*(For Applicants not required to submit certificates of good standing; see paragraph 4(b) of Guidance Note)*

I recommend _____(Applicant's name) for restoration of his / her name to the General Register under section 25(3) 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 restored to the General Register as a medical practitioner.

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 restored to the General Register as a medical practitioner under section 25(3) 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**.

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# THE MEDICAL COUNCIL OF HONG KONG

## Application for Restoration to the General Register

## Character Reference (2)

*(For Applicants not required to submit certificates of good standing; see paragraph 4(b) of Guidance Note)*

I recommend _____(Applicant's name) for restoration of his / her name to the General Register under section 25(3) 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 restored to the General Register as a medical practitioner.

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 restored to the General Register as a medical practitioner under section 25(3) 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**.

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# Personal Information Collection Statement

Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for restoration of your name to the General Register. 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 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.

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

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# Application for Restoration to the General Register

## 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. Please ensure to provide a corresponding address:-
   (a) in Hong Kong if you apply for restoration to the Resident List; or
   (b) outside Hong Kong if you apply for restoration to the Non-resident List.

3. 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.

4. Submit the following document:-

   (a) original of a certificate of good standing issued (within 3 months before the application) by each medical authority which has jurisdiction over your latest practice if you have practised in other jurisdiction(s) since your name has been removed from the General Register;

   (b) original of 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, **if and only if you are not required to submit a certificate of good standing as stated in (a) above**;

   (c) one recent photograph (size: 40 x 60mm to 50 x 70mm) if:-
      (i) your name was on the Resident List before removal from the General Register but you now apply for restoration to the Non-resident List; or
      (ii) your name was on the Non-resident List before removal from the General Register but you now apply for restoration to the Resident List.

   (d) photocopy of your 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 photocopy in person for verification).

   (e) a crossed cheque or banker's draft for the fees for restoration and practising certificate, payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region".

| List on which name was appeared before removal from the General Register | List to which the application for restoration of name is made | Fee payable | |
|---|---|---|---|
| Resident List | Resident List | Restoration<br>Annual practising certificate<br>**Total** | HK$795<br>HK$405<br>**HK$1,200** |
| Resident List | Non-resident List | Restoration<br>Transfer<br>Annual retention certificate<br>**Total** | HK$795<br>HK$395<br>HK$370<br>**HK$1,560** |

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| List on which name was appeared before removal from the General Register | List to which the application for restoration of name is made | Fee payable | |
|---|---|---|---|
| Non-resident List | Non-resident List | Restoration<br>Annual retention certificate<br>**Total** | HK$795<br>HK$370<br>**HK$1,165** |
| Non-resident List | Resident List | Restoration<br>Transfer<br>Annual practising certificate<br>**Total** | HK$795<br>HK$395<br>HK$405<br>**HK$1,595** |

5. If you are interested in using the autopay facility for future payment of fee for the annual practising / retention certificate, please contact the Central Registration Office for Autopay Authorization Form.

6. Although the registered address may be a practising address, a residential address or a Post Office Box number, you are 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).

7. 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

8. Enquiries should be directed to the Central Registration Office at 2961 8655.

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