

THE MEDICAL COUNCIL OF HONG KONG

Application for Provisional Registration under section 12 of Medical Registration Ordinance, Chapter 161, Laws of Hong Kong

I apply for provisional registration under section 12 of the Medical Registration Ordinance, Chapter 161, Laws of Hong Kong. Details of my personal particulars and qualification are set out below.

Personal Particulars

Full Name (Must match name in HKID/Passport)	(Family name) (Given name) in Chinese (if any)		
HKID Card No.			
Passport No. (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 /		
Registered Address in Hong Kong (Official address for service of all notices)	(English)		
	(Chinese)		

Examination

I have passed	☐ the qualifying examination for award of MB ChB (CUHK)
	☐ the qualifying examination for award of MB BS (HK)
	☐ the Licensing Examination conducted by MCHK
Date of notification of passing the examination by the relevant authority	Month Year

Internship

☐ I have been offered employment to undergo internship in a resident medical capacity in an approved hospital for 12 months. (for graduates of CUHK and HKU)
☐ I have been engaged to undergo assessment in an approved hospital for 12 months. (for applicants passing the Licensing Examination)

Criminal Conviction / 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 misconduct in disciplinary proceeding(s) by my medical school or other relevant authorities or official bodies in Hong Kong or elsewhere.
I	* ☐ am ☐ am NOT	currently the subject of any on-going disciplinary proceeding(s) by my medical school or other relevant authorities or official bodies in Hong Kong or elsewhere.
* Provide FULL details in a separate sheet		

Certificate of Good Standing/ Character

☐ I have **NEVER** been registered as a medical practitioner in any place.

- (1) For an applicant graduating from CUHK or HKU - a letter of recommendation for provisional registration, setting out the fitness to practise issues (if any) will be issued by the dean of medical school directly to the Registrar of Medical Practitioners.
- (2) For an applicant graduating from an overseas medical school – submit a certificate of good character (original) (issued by the dean of medical school, or the authorized person of the hospital in which you LAST received internship / residency training).

☐ I **HAVE BEEN** registered as a medical practitioner in the following places (set out **ALL** places in which you have been registered):-

Country/Place	Registration/Licensing Authority	Period of Registration	Currently Registered (yes/no)
		to	
		to	
		to	

- Submit:
- (1) Certificate(s) of good standing (original) (issued by **EACH** registration/licensing authority within 3 months before this application)
 - (2) Registration certificate/license (copy) (issued by **CURRENTLY** registered authority)

Consent for Obtaining Information on Fitness to Practise

☐ I hereby give consent for the Council to obtain information about my fitness to practise from the relevant authorities, including the medical school.

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 Police 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
recent photograph

(size: 40 x 60mm
to 50 x 70mm)

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 ☐ Notary Public

Address: _____

Tel. No.: _____

Official Stamp

* A declaration made **outside Hong Kong** must be made before a **Notary Public**.
Administrator of oath should sign across the Applicant's photograph affixed above.

Personal Information Collection Statement

Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for provisional registration under section 12 of the Medical Registration Ordinance. The data may also be used in connection with your internship training and application for full registration as a medical practitioner. 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.

Transfer to Others

2. 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

3. 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, Medical Council of Hong Kong
c/o Central Registration Office
17/F, Wu Chung House
213, Queen's Road East
Wanchai, Hong Kong

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 declaration before a Commissioner for Oaths, solicitor or notary public to confirm the truth of all information provided. Declaration service is also available free of charge at the Central Registration Office.
3. Submit the following documents:-
 - (a) photocopies of
 - (i) identity document (Hong Kong Identity Card or passport); and
 - (ii) registration certificate / license with overseas medical authority, if any;which must be
 - (i) notarized by a notary public (photocopies certified by other persons e.g. solicitor, Justice of Peace will not be accepted); or
 - (ii) verified by the Central Registration Office (the applicant must present both the originals and photocopies in person to the Secretariat for verification).
 - (b) two recent photographs (size: 40 x 60mm to 50 x 70mm), one of them affixed to the application form;
 - (c) a crossed cheque or banker's draft for the provisional registration fee, payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". [Current provisional registration fee: HK\$400 (subject to revision)];
 - (d) proof of (i) passing the relevant examination, and (ii) employment for internship in an approved hospital (to be issued by the local medical school or the Licentiate Committee of the Medical Council to the Registrar of Medical Practitioners direct);
 - (e) a letter of recommendation for provisional registration, setting out fitness to practise concern, if any (to be issued by the local medical school to the Registrar of Medical Practitioners direct) (applicable to applicants graduating from local medical schools); and
 - (f) originals of certificate(s) of good standing/ character (applicable to applicants graduating from overseas medical schools).
4. Completed application form, together with all supporting documents and the provisional registration fee, should be submitted **registered post or hand delivery** 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 8655 or 2961 8648.