THE MEDICAL COUNCIL OF HONG KONG

Application for Full Registration

under section 14 of Medical Registration Ordinance

☐ MB ChB (CUHK) ☐ MB BS (HKU) ☐ LMCHK

I apply for registration as a registered medical practitioner under section 14 of the Medical Registration Ordinance, Chapter 161, Laws of Hong Kong. Details of my personal particulars, qualifications and internship 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 /		
Email			
* Registered Address (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)			

* You are advised to provide the practising address as the registered address. See paragraph 5 of the Guidance Note.

(Rev. Jan 2016)

Qualification

Qualification	☐ MB ChB (CUHK) ☐ MB BS (HKU) ☐ Passed Licensing Examination conducted by Medical Council
Year Acquired	

Internship

Date of Completion of Internship	Day Month Year

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

Certificate of Good Standing

(For residents outside Hong Kong only)

☐ I am not registered as a medical practitioner in any place.

☐ I am registered as a medical practitioner with the following medical authorities (set out **ALL** authorities with which you are registered):-

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

Submit: Certificate(s) of good standing (original) (issued by EACH medical authority within 3 months before this application)

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, and the hospital(s) in which I received internship / residency training.

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**.

Applicant's recent photograph

(Administrator of oath to sign across the affixed photograph of the applicant)

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

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

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

(Rev. Jan 2016)

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Application for Full Registration

Evidence of Applicant's 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 14 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 : _____

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Application for Full Registration

Character Reference (1)

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

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 registered as a medical practitioner under section 14 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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Application for Full Registration

Character Reference (2)

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

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 registered as a medical practitioner under section 14 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**.

(Rev. Jan 2016)

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. 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 Full Registration

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 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 certificate (MB ChB(CUHK) or MB BS(HK));
   - (iii) Certificate of Experience (in respect of internship);

   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) references as to your character from <u>at least 2 persons</u>, not being your relatives, who have known you for at least 12 months and who have the opportunity of judging your character;
   - (iv) a certificate of good standing issued (within 3 months before the application) by the relevant medical authority of a state, territory or place outside Hong Kong with which you are registered as a medical practitioner (if any), ***if you are resident outside Hong Kong***;

   (c) a crossed cheque or banker's draft for HK$1,625* made payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". (HK$1,220* being prescribed fee for registration and HK$405* being fee for a practising certificate) [**Fees subject to revision*]

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

5. 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).

6. 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

7. Enquiries should be directed to the Central Registration Office at 2961 8648 or 2961 8650.