

THE MEDICAL COUNCIL OF HONG KONG

**Application for Renewal of Limited Registration
under section 14A of Medical Registration Ordinance**

(Promulgation No. 2)

I _____ (*English name*) _____ (*Chinese name*)
of Registration No. _____ apply for renewal of my current limited registration which will expire on
_____ under section 14A of the Medical Registration Ordinance.

2. My registered address is <*See Note 1*> _____

3. I *agree/do not agree to have my registered address published in the Medical Council's website. <*See Note 2*>

4. I confirm that I remain and shall remain in the employment of the following institution for the medical duties specified in Promulgation No. 2 of the Medical Council on Limited Registration during the employment period as specified in the Certification of Employment provided by the employing institution –

(a) Employing institution : _____

(b) Capacity of appointment : _____

5. I confirm that I still hold the following professional qualifications –

6. I confirm that I have the following post-qualification clinical experience –

7. I confirm that I am still registered as a medical practitioner with the following medical authorities outside Hong Kong –

(please give reasons if you are at present not registered with any medical authority outside Hong Kong)

8. I confirm that *<See Note 3>* -
- (a) 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**.
 - (b) I **am/am not* currently the subject of any on-going criminal proceeding(s) in **Hong Kong or elsewhere**.
 - (c) I **have/have never* been found guilty of professional misconduct by any professional body in **Hong Kong or elsewhere**.
 - (d) I **am/am not* currently the subject of any on-going disciplinary proceeding(s) by any professional body in **Hong Kong or elsewhere**.
9. I solemnly and sincerely declare that all information and documents provided with this application are true and accurate *<See Note 4>*.

Date: _____

(Applicant's signature)

(delete as appropriate)*

<Note 1> : Although the registered address may be a practising address, a residential address or a Post Office Box number, the applicant is 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).

<Note 2> : While publication of the registered medical practitioner's registered address in the Gazette is a mandatory requirement under the Medical Registration Ordinance, the Medical Council has decided that a registered medical practitioner may choose whether to have his/her registered address published in the Council's website.

<Note 3>: If there is any such conviction, finding of professional misconduct, or criminal or disciplinary proceedings, full details must be provided.

<Note 4>: 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.

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 with limited registration. 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 of Hong Kong. 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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Guidance Note

1. Complete application form clearly and in BLOCK letters. Incomplete or illegible applications will not be processed. Documents submitted will not be returned.

2. Submit:-

(a) **photocopies of**

- (i) identity document (Hong Kong Identity Card or passport);
- (ii) qualification certificate;
- (iii) certificate of registration or other document evidencing your registration with a medical authority outside Hong Kong at the date of the application for limited registration; and
- (iv) proof of adequate and relevant full time post-qualification clinical experience;

which must be

- (i) certified true copies by a Commissioner for Oaths, Solicitors or Barrister in Hong Kong or notarized copies by a Notary Public outside Hong Kong; or
- (ii) verified by the Central Registration Office (you must present both the originals and the photocopies in person for verification);

(b) **original** of a Certification of Employment from the employing institution certifying that your qualifications meet the criteria for limited registration under section 14A of the MRO and that your appointment is necessary and appropriate to meet the community's need for medical service and/or training.

(c) a crossed cheque or banker's draft for HK\$1,675* made payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". (HK\$1,270* being prescribed fee for limited registration and HK\$405* being fee for the practising certificate for the first year of registration. Practising certificate(s) for subsequent year(s) will be charged separately if limited registration will be granted for more than one year.) [*Fees subject to revision]

3. 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

4. Enquiries should be directed to the Central Registration Office at 2961 8648.