

**Application under section 14 / 14(A) of
Supplementary Medical Professions Ordinance (Cap. 359, Laws of Hong Kong)**

Applicant must complete **Part I & Part II**, and if apply for:

- (1) Certificate of Registration (*Certified Copy*) - Please also complete Part III(A)**
- (2) Certificate of Registration (*Duplicate Copy*) - Please also complete Part III(B)**
- (3) Certificate verifying registration - Please also complete Part III(C)**
- (4) Certificate of Standing - Please also complete Part III(D)**

Note: This application form, relevant document(s) (if applicable) and the payment should be submitted to Central Registration Office at **17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong**
(Enquiry Tel: 2961 8649)

For other enquiries, please contact the Secretariat of relevant Board as below:-

- Medical Laboratory Technologists Board at 2527 8380 or mltb@dh.gov.hk
- Occupational Therapists Board at 2527 8369 or otb@dh.gov.hk
- Optometrists Board at 2527 8363 or opb@dh.gov.hk
- Physiotherapists Board at 2527 8369 or ptb@dh.gov.hk
- Radiographers Board at 2527 8380 or rgb@dh.gov.hk

Part I (Must complete)

I am a registrant of the following Board: (*tick whichever is appropriate*)

- Medical Laboratory Technologists Board
- Occupational Therapists Board
- Optometrists Board
- Physiotherapists Board
- Radiographers Board

Part II (Must complete)

Name of Registrant: _____

Registration No.
(including previous Registration No.,
if any): _____

HKID No. / Passport No.: _____

Correspondence Address: _____

Email: _____ Tel.: _____

Part III

I would like to make the following application(s) under the Supplementary Medical Professions (“SMP”) Ordinance: *(tick whichever is appropriate)*

-
- (A) Certified Copy of Certificate of Registration under section 14(3) of the SMP Ordinance
(Fee: \$310 for each copy)

No. of Copy Applied for : _____

*(Note for **Optometrists**: As stipulated under section 4.2 in Part III of the Code of Practice, application for more than **two** certified copies of Registration Certificate may be subject to investigation by the Optometrists Board to ensure that the Regulation is being complied with. Optometrists who apply for more than **two** certified copies **accumulatively** are required to submit documentary proofs **from their employers** by using the attached form (**Form A**). Optometrists may enquire with the Secretariat to check their application record.)*

I propose to practise and will display the certified copy of the Certificate of Registration at the following premise(s):-

Practising Address (Separate sheet may be used in the event of more than two addresses.)	
(1)	
(2)	

IMPORTANT NOTE:

Applicants are required to make a photocopy of their own Certificate of Registration and bring (i) the photocopy together with (ii) the original certificate, to Central Registration Office for certification purpose.

- (B) Duplicate Certificate of Registration under section 14(7) of the SMP Ordinance
(Fee: \$360 for each copy)

IMPORTANT NOTE:

The application should be accompanied with (i) the damaged or defaced original certificate or a report of loss of the original certificate to the Police, (ii) a statutory declaration made before a Commissioner for Oaths or Notary Public as to the truthfulness of the contents of the application [A list of offices in the Department of Health which provide statutory declaration service is listed at last page], and (iii) two passport size (50mm x 40mm) photographs.

For application for **Part III(C) Certificate verifying registration** or **Part III(D) Certificate of Standing**, if the certificate is to be issued to more than one organisation/ address, please provide information of the other organisations/ addresses in a separate sheet. Separate payment of the prescribed fees for each organisation/ address is required.

- (C) Certificate verifying registration under section 14(A) of the SMP Ordinance
(Fee: \$545 for each copy)

(Note: This Certificate will not include disciplinary record. If you need such information, please apply for (D) Certificate of Standing.)

- (D) Certificate of Standing under section 14(A) of the SMP Ordinance
(Fee: \$720 for each copy)

Name of the local/overseas organisation: _____

Address of the local/overseas organisation: _____

Your application number:
(if applicable) _____

Signature : _____

Date : _____

Form A (For Optometrists Only)

**Application for Certified Copy of Certificate of Registration under
Section 14(3) of Supplementary Medical Professions Ordinance (Chapter 359)^{Note 1}**

I confirm _____ (Name of the Applicant) (Registration No.: _____)
is being employed by our Company and is / will be practising optometry at the following
address(es):

	Address ^{Note 2}
(1)	
(2)	
(3)	
(4)	

Signature: _____

Name: _____

Post Title: _____

Company Name: _____

Date: _____

^{Note 1} Only if you apply for more than two certified copies accumulatively (i.e. past applications are counted), then you are required to submit this Form (to be completed by your employer)

^{Note 2} If you need to apply for certified copy of certificate of registration for more practising addresses, please supplement in a separate sheet and submit together with this Form.

FREE STATUTORY DECLARATION SERVICE
DEPARTMENT OF HEALTH

<p>Central Registration Office 17/F, Wu Chung House 213 Queen's Road East Wan Chai, Hong Kong (Tel No : 2961 8649 / 2961 8650)</p>
<p>Boards and Councils Office (Shun Feng International Centre) 1/F & 2/F, Shun Feng International Centre 182 Queen's Road East Wan Chai, Hong Kong (Tel No : 2527 8351 / 2527 8360)</p>
<p>Boards and Councils Office (Guardian House) Room 1408, 14/F, Guardian House 32 Oi Kwan Road Wan Chai, Hong Kong (Tel. No. : 2243 3374 / 2243 3375)</p>
<p>Boards and Councils Office (Wong Chuk Hang) 4/F, Hong Kong Academy of Medicine Jockey Club Building 99 Wong Chuk Hang Road Aberdeen, Hong Kong (Tel No : 2873 4797)</p>
<p>Chinese Medicine Council Secretariat 22/F, Wu Chung House 213 Queen's Road East Wan Chai, Hong Kong (Tel No : 2121 1888)</p>
<p>Chinese Medicine Regulatory Office 16/F, AIA Kowloon Tower, Landmark East 100 How Ming Street Kwun Tong, Kowloon (Tel. No. : 3904 9130)</p>
<p>Clinic Administration and Planning Division Room 331, 3/F Sha Tin Government Offices 1 Sheung Wo Che Road Shatin, New Territories (Tel. No.: 2158 5131)</p>