Application under section 14 / 14(A) of
Allied Health 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 Allied Health Professions ("AHP") Ordinance: *(tick whichever is appropriate)*

☐ (A) Certified Copy of Certificate of Registration under section 14(3) of the AHP Ordinance
(Fee: $655 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.

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☐ (B) Duplicate Certificate of Registration under section 14(7) of the AHP Ordinance
(Fee: $845 for <u>each copy</u>)

<u>IMPORTANT NOTE:</u>
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.

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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 AHP Ordinance
(Fee: $1,300 for <u>each copy</u>)

(Note: This Certificate will <u>not</u> 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 AHP Ordinance
(Fee: $1,710 for <u>each copy</u>)

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 Allied Health 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.