

ALLIED HEALTH PROFESSIONS COUNCIL

Application for Renewal of Limited Registration (Radiographer)

**under section 13A of Allied Health Professions Ordinance, Cap. 359 and
Radiographers (Registration and Disciplinary Procedure) Regulation, Cap. 359H**

I (English name) (Chinese name) of
Registration No, ...hereby apply for renewal of my current registration which
will expire on as a radiographer with limited registration under section
13A of the Allied Health Professions Ordinance.

2. My contact information are as follows –

Contact Telephone No.: Email Address:

Contact Address (English):

Contact Address (Chinese):

3. I confirm that I remain and shall remain in the same full-time employment as a radiographer under limited registration in the same institution for the employment period as specified in the Certification of Employment.

4. I confirm that I still hold all qualifications as submitted in original application form of limited registration.

5. I confirm that I have the following full-time post qualification professional experience in addition to those as submitted in original application form of limited registration (please state professional experience obtained in chronological order):

Post Title	Name of Organization/Company	Working Period	
		From (DD/MM/YYYY)	To (DD/MM/YYYY)

6. I declare that, subsequent to the last declaration made in the previous application forms, :
- (a) I *~~†~~have/have **never** been convicted of an offence **punishable** with imprisonment (irrespective of whether actually sentenced to imprisonment) in **Hong Kong or elsewhere**.
 - (b) I *have/have **never** been found guilty of unprofessional conduct in **Hong Kong or elsewhere**.
 - (c) I *am/am **not** currently the subject of criminal or disciplinary proceeding(s) in **Hong Kong or elsewhere**.

Declaration

Warning: Applicant must ensure the truth and accuracy of all information provided.

I solemnly and sincerely declare that all information and documents given in this application are true and accurate.

Signed at
.....
the day of 20..... }
(Signature of Applicant)

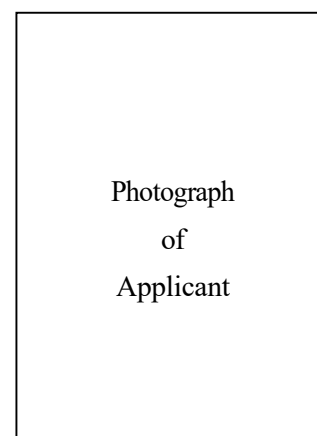
Before me (*Radiographer registered in Part I of the Register/ Barrister/ Solicitor/ Registered Medical Practitioner/ Commissioner for Oaths*),

.....
(Name)

.....
(Radiographer registered in Part I of the
Register/ Barrister/ Solicitor/
Registered Medical Practitioner/
Commissioner for Oaths*)

.....
(Registration no. – if applicable)

.....
(Signature)



† Please supply details of conviction, if applicable.

* Delete as appropriate.

^ Please put a tick in one of the two boxes provided as appropriate.