

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

Certification of Employment

This is a certification of **renewal** employment in support of the application of the applicant named in paragraph 2(a) below for limited registration under section 13A of Allied Health Professions Ordinance, Cap. 359. This application is for the sake of

☐ completion of the current employment contract; and/or ☐ continuation into a new employment contract.

(please ☒ as appropriate)

2. I confirm that the applicant has been recommended for continuous full-time employment on the following terms: -

(a) Name of applicant : _____

(b) Capacity of appointment : _____

(c) Department/Office of the
employing institution in which the
applicant will be working : _____

(d) Nature of duties to be performed : _____

(e) Terms of appointment

- End date of current contract : _____

- New Contract period[#] : _____

- Contract tentative start date[#] : _____

- Contract tentative end date[#] : _____

Please fill in "N/A" for application of renewal only for the sake of completion of the current contract.

3. I confirm that the applicant will work in the same specific areas of practice under the current contract.

4. Justifications

(a) Justification for appointing the applicant: *(including performance under the current contract)*

(b) Reasons for renewal of the employment of a radiographer with limited registration instead of a registrant with full registration.

(c) Consequence if this renewal application is not approved :

5. I certify that I have personally checked the applicant's personal particulars, professional qualifications, proof of competency to practise the profession and post-qualification experience together with the supporting documents provided in the application form and confirmed the contents are accurate and true.

6. I certify that the applicant's qualifications meet the criteria for limited registration under section 13A of the Allied Health Professions Ordinance and that the appointment is necessary and appropriate to meet the community's need for allied health professions service and/or training.

Signature : _____

Full name : _____

Position : _____

Designated Institution : _____

Date : _____