

**The Nursing Council of Hong Kong**  
**Application for Special Registration/Enrolment (Psychiatric)**  
**under the Nurses Registration Ordinance, Cap. 164**  
**(for nurses trained outside Hong Kong)**

**Notes to Employers**

**Eligibility**

Nurses trained outside Hong Kong who:

- (a) are of good character and have good professional conduct;
- (b) have completed a pre-qualification psychiatric nursing programme of normally not less than three years (for registration) or two years (for enrolment);
- (c) possess a valid certificate to practise nursing issued by a certifying body recognised by the Nursing Council of Hong Kong (“the Council”) from time to time as constituting sufficient evidence of his/her competency to practise psychiatric nursing at the time of his/her application;
- (d) have completed a post-qualification training programme that is relevant to the practice of nursing;
- (e) have at least three years of full-time post-qualification clinical experience in a clinic or hospital; and
- (f) have been selected for full-time employment as a person with special registration/enrolment in a specified institution.

**Vetting Procedures**

1. Upon the receipt of an application, an authorised person appointed by the employing institution should complete “Certification of Employment” (i.e. Annex I to Notes to Employers), check and certify all submitted documents by the applicant with a stamp containing the following information:
  - 1.1 signature of the authorised person and date marked under “Original Seen”/“Certified True Copy” or any wording with equivalent meaning; and
  - 1.2 full name and position in block letters of the authorised person.
2. Please assess whether the applicant concerned could apply for special registration/enrolment (Psychiatric) by meeting the eligibility criteria (a) to (f).
  - 2.1 To ascertain the fulfilment of criterion (a), please refer to the “Declaration Form” and “Testimonial as to Character” on pages 6 to 7 of the application form, and check if the applicant is of good character and has good professional conduct.
  - 2.2 For criterion (b), please check the information as indicated in Part 2(B) on page 2 of the application form against the graduation certificate.
  - 2.3 For criterion (c), please check the information as indicated in Part 2(C) on page 3 of the application form against the registration/enrolment certificate and practising certificate.
  - 2.4 For criterion (d), please check the information as indicated in Part 2(D) on page 3 of the application form against the documentary proof(s) of post-qualification training programme. The post-qualification training should have structured content with assessment components. The minimum hour of the post-qualification training is 30 hours in one single training programme.

- 2.5 To ascertain the fulfilment of criterion (e), please refer to the information as indicated in Part 2(E) on page 4 of the application form as well as the documentary proof(s) of employment.
  - 2.6 For criterion (f), please complete the “Certification of Employment” for the applicant.
3. Please also check whether the applicant had confirmed in Part 4 on page 5 of the application form that the “Verification of Training Details” (i.e. Form 1(a)) and “Verification of Original Registration/Enrolment Outside Hong Kong” (i.e. Form 1(b)) had been sent to the training institute(s) and registration authority outside Hong Kong respectively.
  4. Subject to meeting all the requirements for the application, the employing institution should send the applications of their potential employees whose eligibility can be preliminarily confirmed or ascertained in one lot to the Central Registration Office of the Department of Health with the following documents:
    - 4.1 a standardised covering letter (i.e. Annex II to Notes to Employers) signed by the authorised person of the employing institution confirming the applicants concerned have fulfilled the Council’s requirements for special registration/enrolment and a list of applicants qualified with their full names in English and Chinese (if any); and
    - 4.2 one set of the following documents for each applicant:
      - 4.2.1 a duly completed application form for special registration/enrolment (Psychiatric);
      - 4.2.2 an original “Declaration Form” on page 6 of the application form completed not more than six months before the application for special registration/enrolment;
      - 4.2.3 an original “Testimonial as to Character” on page 7 of the application form completed not more than six months before the application for special registration/enrolment;
      - 4.2.4 a duly completed “Certificate of Employment”;
      - 4.2.5 a certified true copy of Hong Kong Identity Card/Passport;
      - 4.2.6 a certified true copy of nursing graduation certificate;
      - 4.2.7 a certified true copy of valid certificate to practise nursing from the registration authority outside Hong Kong (i.e. registration/enrolment certificate and practising certificate) or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong;
      - 4.2.8 original and/or certified true copy of documentary proof(s) certifying that the applicant completed post-qualification training programme that is relevant to the practice of nursing;
      - 4.2.9 original and/or certified true copy of documentary proof(s) certifying that the applicant possessed at least three years of full-time post-qualification clinical experience in a clinic or hospital issued and/or certified by the applicant’s employer(s); and
      - 4.2.10 two unmounted copies of a photograph (passport size) of the applicant taken not more than two years before the date of application.

5. The Central Registration Office and the Council will process the applications and liaise with the employing institution if there is any discrepancy or missing information. Commonly identified issues resulting in a delay of application include:
  - 5.1 incomplete information
    - 5.1.1 The applicant needs to fill out the application form entirely and submit **all** required documents;
    - 5.1.2 An application cannot be processed until **all** information and documents are received by the Council;
    - 5.1.3 Full name of the applicant instead of his/her abbreviated name should be used where necessary;
  - 5.2 mismatched information between documents
    - 5.2.1 Information such as names, date of birth, dates of education, etc. provided by the applicant must match with the supporting documents submitted by the training institute/registration authority;
    - 5.2.2 Any discrepancies will need to be clarified before the application can be processed further;
  - 5.3 lack of documentary proofs
    - 5.3.1 The required documentary proofs and/or supplementary proofs are not provided;
    - 5.3.2 The documentary proofs are in languages other than English/Chinese (if the original documents are in other languages, official/certified translation in English must be provided simultaneously).
6. Upon approval of the applications by the Council, the applicant will be informed of the result through their employing institution. Upon receipt of the prescribed fee, a registration/enrolment certificate and a practising certificate will be issued to each successful applicant. The Council will maintain and upload the list of nurses under special registration/enrolment (Psychiatric) to the website of the Council for public reference.

### **Enquiries**

For enquiries, please contact the Council Secretariat at **(852) 2527 8351** during office hours, or by e-mail at [nc@dh.gov.hk](mailto:nc@dh.gov.hk).

The office hours of the Council Secretariat are as follows:

Mondays: 9:00 a.m. to 6:00 p.m. (*Lunch Hours: 1:00 p.m. to 2:00 p.m.*)

Tuesdays to Fridays: 9:00 a.m. to 5:45 p.m. (*Lunch Hours: 1:00 p.m. to 2:00 p.m.*)

Closed on Saturdays, Sundays and Public Holidays

November 2024

The Nursing Council of Hong Kong  
Application for Special Registration/Enrolment (Psychiatric)  
under the Nurses Registration Ordinance, Cap. 164  
(for nurses trained outside Hong Kong)

## Certification of Employment

### To be completed by employing institution

Type of the employing institution\*:

- Department of Health                       Hospital Authority
- Others

This is a certificate of employment in support of the application of \_\_\_\_\_ (applicant's name) for special registration/enrolment^ (Psychiatric) under the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong).

1. I confirm that the applicant has been selected for full-time employment on the following terms:

(a) Capacity of appointment: Psychiatric Nurse with Special Registration/  
Psychiatric Nurse with Special Enrolment^

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

\_\_\_\_\_  
\_\_\_\_\_

(c) Nature of duties to be performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(d) Terms of appointment:

New appointment/Renewal of contract^

Commencement date (from \_\_\_\_\_ to \_\_\_\_\_)

Date of first appointment: \_\_\_\_\_

Duration of previous appointments: \_\_\_\_\_

Number of renewals of contract: \_\_\_\_\_

(e) Any other remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Please only put ONE tick in the boxes provided as appropriate.

^ Please delete as appropriate.

2. The application for special registration/enrolment (Psychiatric) is submitted on behalf of the applicant. One set of the following documents for the applicant is also enclosed:

Please tick

- (a) a duly completed application form for special registration/enrolment (Psychiatric)
- (b) a certified true copy of Hong Kong Identity Card/Passport
- (c) a certified true copy of nursing graduation certificate
- (d) a certified true copy of valid certificate to practise nursing from the registration authority outside Hong Kong (i.e. registration/enrolment certificate and practising certificate) or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong
- (e) original and/or certified true copy of documentary proof(s) certifying that the applicant completed post-qualification training programme that is relevant to the practice of nursing
- (f) original and/or certified true copy of documentary proof(s) certifying that the applicant possessed at least three years of full-time post-qualification clinical experience in a clinic or hospital issued and/or certified by the applicant's employer(s)
- (g) two unmounted copies of a photograph (passport size) of the applicant taken not more than two years before the date of application

3. I certify that I have **personally** checked the personal particulars, academic qualifications, professional nursing qualifications and the post-qualification clinical experience in a clinic or hospital together with the supporting documents provided in the application form.

4. I certify that the applicant's qualifications meet the criteria for special registration/enrolment (Psychiatric) under the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong) and that the appointment is necessary and appropriate to meet the community's need for nursing service.



Signature: \_\_\_\_\_

Name: \_\_\_\_\_

*(in block letters)*

Position: \_\_\_\_\_

Employing institution: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

To: Central Registration Office, Boards & Councils Office, Department of Health  
17/F, Wu Chung House, 213 Queen’s Road East, Wanchai, Hong Kong

*(Please mark “Application for Special Registration/Enrolment (Psychiatric)” in the envelope)*

**Applications for Special Registration/Enrolment (Psychiatric)**

This is to confirm that the applicants as listed in Appendix have met all the requirements of the Nursing Council of Hong Kong (“the Council”) for special registration/enrolment (Psychiatric), including the requirements of academic/professional qualifications and clinical experience.

The applications for special registration/enrolment (Psychiatric) are submitted on behalf of the applicants. One set of the following documents for each applicant is also enclosed:

- (a) a duly completed application form for special registration/enrolment (Psychiatric);
- (b) an **original** “Declaration Form” on page 6 of the application form completed not more than six months before the application for special registration/enrolment;
- (c) an **original** “Testimonial as to Character” on page 7 of the application form completed not more than six months before the application for special registration/enrolment;
- (d) a duly completed “Certificate of Employment”;
- (e) a **certified true copy** of Hong Kong Identity Card/Passport;
- (f) a **certified true copy** of nursing graduation certificate;
- (g) a **certified true copy** of valid certificate to practise nursing from the registration authority outside Hong Kong (i.e. registration/enrolment certificate and practising certificate) or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong;
- (h) **original and/or certified true copy** of documentary proof(s) certifying that the applicant completed post-qualification training programme that is relevant to the practice of nursing;
- (i) **original and/or certified true copy** of documentary proof(s) certifying that the applicant possessed at least three years of full-time post-qualification clinical experience in a clinic or hospital issued and/or certified by the applicant’s employer(s); and
- (j) two unmounted copies of a photograph (passport size) of the applicant taken not more than two years before the date of application.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*(in block letters)*

Position: \_\_\_\_\_

Employing institution: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_

**List of Applicants Qualified for Special Registration/Enrolment (Psychiatric)**

	<b>Name in English</b>	<b>Name in Chinese (if any)</b>	<b>Type of appointment</b> <b><u>Note 1</u></b> (i.e. (i) or (ii))	<b>Completed a nursing programme</b> (Y/N)	<b>Year of registration/enrolment outside Hong Kong</b>	<b>Completed a post-qualification training programme</b> (Y/N)	<b>Clinical experience</b> <b><u>Note 2</u></b> (e.g. 3 Y 3 M)
1							
2							
3							
4							
5							
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8							
9							
10							

**Notes:**

- 1) Please fill in either **(i)** or **(ii)** with reference to the following:
  - (i) new employment under special registration/enrolment; or
  - (ii) renewal of employment contract.
  
- 2) Please fill in the total number of years of full-time post-qualification clinical experience in clinic or hospital in the format of “xx Years xx Months”.