

Declaration of Application for Annual Practising Certificate 申請週年執業證明書的聲明

Pursuant to section 16(2) of the Supplementary Medical Professions Ordinance (Cap 359), an annual practising certificate will be issued to you **subject to the payment of the prescribed fee for the issue of a practising certificate and your submission of a declaration** stating whether or not you have been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment since the date of the last declaration made by you for the purposes of your registration as a medical laboratory technologist or application for a practising certificate. Please complete and return this declaration form to this Office if you wish to apply for an annual practising certificate for the year of 2020/2021.

根據《輔助醫療業條例》第 16(2)條的規定，你必須繳付發給執業證明書的訂明費用及呈交一份聲明（該聲明須述明你在申請註冊成為醫務化驗師時或就申請執業證明書曾作出的聲明後，曾否於香港或其他地方被裁定犯可判處監禁的罪行）才可獲發週年執業證明書。如果你希望申請 2020/2021 年度的週年執業證明書，請填妥此聲明書，並交回本辦事處。

To: Central Registration Office (Medical Laboratory Technologists Board)
17/F Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong.

致: 香港灣仔皇后大道東 213 號胡忠大廈 17 樓
中央註冊室 (醫務化驗師管理委員會)

Fax No 傳真號碼 : 2891 7946 / 2573 1000

Declaration 聲明

I declare that I ^{##} **have/have not** been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment since the date of the last declaration made by me to the like effect for the purposes of my registration as a medical laboratory technologist or application for a practising certificate.

在本人就註冊成為醫務化驗師或申請執業證明書的目的而作出上一次意思相同的聲明的日期後，本人 ^{##} **曾 / 未曾** 在香港或其他地方被裁定犯可判處監禁的罪行。

Signature 簽署 : _____

Name 姓名 : _____

Registration No 註冊編號 : _____

Date 日期 : _____

* Please delete where inappropriate 請刪去不適用部分

Please provide details of conviction 請提供被裁定犯可判處監禁罪行的詳細資料

+++++

(Optional) To facilitate communication, I hereby voluntarily provide the following contact information to the Board

[可選擇填寫] 為方便溝通，我願意向委員會提供下列聯絡方法

Email (電郵地址) : _____

Tel (電話) : Mobile (手機) _____ Other Tel (其他電話) _____