

## **Optometrists Board of Hong Kong**

### **Application for Restoration to the Optometrists Register**

[ Note 1]

I wish to apply to the Optometrists Board of Hong Kong for the restoration of my name to the register of optometrists in accordance with section 10(5) of the Allied Health Professions Ordinance, Cap. 359.

I declare that:-

- (a) after the removal of my name from the register of optometrists, I have / have not\* practised the profession of optometry in Hong Kong [Note 2];
- (b) since the date of the last declaration made by me to the like effect for the purposes of registration or application for a practising certificate (as the case may be), there has / has not\* been criminal proceedings against me, whether completed or in progress, in Hong Kong or elsewhere [Note 3];
- (c) since the date of the last declaration made by me to the like effect for the purposes of registration or application for a practising certificate (as the case may be), there has / has not\* been professional proceedings against me, whether completed or in progress, in Hong Kong or elsewhere [Note 4]; and
- (d) I have / have not\* undertaken any professional development activities / training / duties in optometry after the removal of my name from the register of optometrists [Note 4].

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

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

Registration no.: \_\_\_\_\_

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

\_\_\_\_\_

Telephone : \_\_\_\_\_

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

\* Please delete as appropriate.

- Note 1: This application will only be accepted when accompanied by a statutory declaration made before a Commissioner for Oaths or Notary Public as to the truthfulness of its contents.
- Note 2: If it is in the affirmative, details of your employment must be attached.
- Note 3: If it is in the affirmative, details must be attached to this application. For criminal proceedings, please also specify whether the offence(s) is/are punishable with imprisonment.
- Note 4: If it is in the affirmative, details must be attached to this application.