# SUPPLEMENTARY MEDICAL PROFESSIONS ORDINANCE (Chapter 359)

# OCCUPATIONAL THERAPISTS (REGISTRATION AND DISCIPLINARY PROCEDURE) REGULATIONS

# Application for Registration as an Occupational Therapist

| 1  |       |
|--|-------|
| (name in both English and Chinese)   |       |
| of   | •••   |
|  |       |
| being qualified for registration under section $12(1)*(a)/(b)/(c)$ of the Supplementary Medical Profession |       |
| Ordinance apply for registration as an occupational therapist and request that my name be placed           | on    |
| Part of the Register.  |       |
| 2. I hold the following qualifications   | · • • |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
| 3. I have the following professional experience  | • • • |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
| 4. My business address(es) *is/are as follows:   |       |
|  |       |
| (English)  |       |
|  |       |
|  |       |
| (Chinese)  |       |
|  |       |

| 5. My telephone numbers are:  |  |
|---|--|
| (Home)  |  |
| (Office)  |  |
| 6. I *†have/have not been convicted in Hong Kong or imprisonment. I *have/have not been found guilty in Hong K I *am/am not the subject of an existing order under section 2.2 Professions Ordinance.  I declare that the information given in this application is contained. | ong or elsewhere of unprofessional conduct. 2(1)(i) or (ii) of the Supplementary Medical |
| Signed at   | (Signature of Applicant)   |
| Before me,  |  |
|   |  |
| (Name in block letters)   | (Signature)  |
| * Barrister/ Commissioner for Oaths/ Occupational therapist re medical practitioner/ Solicitor.   | gistered in Part I of the Register/ Registered   |
|   |  |
|   | Photograph<br>of<br>Applicant  |

<sup>†</sup> Please supply details of conviction. \* Delete as inappropriate.

# OCCUPATIONAL THERAPISTS BOARD OF HONG KONG REGISTRATION OF OCCUPATIONAL THERAPISTS GUIDE TO APPLICANTS

# **Introduction**

The purpose of registration is to ensure the professional competence and good conduct of occupational therapists. The statutory basis for registration is contained in the Supplementary Medical Professions Ordinance (the Ordinance), Cap. 359, and the Occupational Therapists (Registration and Disciplinary Procedure) Regulations. Under the Ordinance, all practising occupational therapists should be registered. Moreover, at least one director of every occupational therapy company must be registered in Part I of the register. Certain categories of persons are however exempted from registration. For details, please refer to **Appendix I**.

2. The register for occupational therapists is divided into three parts. Persons registered in Part I can practise without supervision, whereas those registered in Part II or III can only practise under the supervision of a person registered in Part I. The deadline for applications for provisional registration (Part III of the register) was 30 June 1991. As the provisional registration is a one-off exercise, applications for registration under this category are no longer acceptable.

#### How to apply for registration

3. Applications for registration should be made on the prescribed form. Such application forms are obtainable in person, or on written request, from the Central Registration Office at 17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

#### **Qualifications required for registration**

4. Before completing the application form, applicants should study carefully the qualifications required for registration in Part I or II of the register as specified in **Appendix II**.

### Registration in Part I of the register and Guidelines on Supervision

5. Applicants for Part I registration are requested to submit the form at **Appendix III** that should be duly completed by their supervisor(s) for documentary proof. A separate form will be required for each employment or each supervisor may complete a new form. Applicants should read carefully the guidelines at **Appendix IV** before completing the form at **Appendix III**. A registered Part II occupational therapist should submit a fresh application for registration in Part I of the register.

#### How to complete application forms

- 6. Completed application forms should be witnessed and signed by a person belonging to one of the following categories:
  - (a) Barrister;
  - (b) Solicitor;
  - (c) Commissioner for Oaths;
  - (d) Registered medical practitioner; or
  - (e) Occupational therapist registered in Part I of the register.
- 7. The location where the witnessing was done should be clearly indicated after "Signed at..." on page 2 of the application form.
- 8. Applicants should take note of following when completing the application forms:
  - (a) Please provide the name as indicated in your identity document;
  - (b) The address provided under paragraph 2 would be published in the gazette in accordance with Section 11 of the Supplementary Medical Professions Ordinance (Chapter 359, Laws of Hong Kong);
  - (c) Please state the post-qualification professional experience in occupational therapy under paragraph 3. Graduates of recognized local occupational therapy programmes applying for registration in Part II of the register may leave it blank;
  - (d) If an applicant has more than one business address, he should indicate the principal one with a symbol "#" under paragraph 4 of the application form. An applicant who does not have business address at time of submission of the application may leave it blank; and
  - (e) Please provide email address and mobile phone number under paragraph 5 to facilitate Occupational Therapists Board's communication with the applicants.

### Documents to be submitted together with the completed application form

- 9. Applicants should submit four passport size (50mm x 40mm) photographs, including one to be pasted on the photograph box in the application form. In addition, photocopies of the following documents, <u>certified true</u> by a person belonging to one of the categories stipulated in paragraph 6 above, should be submitted:
  - (a) Hong Kong Identity Card, or Passport;
  - (b) Documentary evidence of education qualification in occupational therapy (i.e. Diploma(s) or Certificate(s) of the qualification(s) held. For applications under section 12(1)(b) of the Ordinance: Need to submit transcripts together with duly completed Clinical Training Information Form (Appendix V) and Authorization Form for the Occupational Therapists Board to verify the qualification with concerned academic institution (Appendix VI); and
  - (c) Documentary evidence of relevant experience in occupational therapy (i.e. certification from employer/company/organization <u>and</u> duly completed post-qualification experience form at **Appendix III** [for Part I applications as explained at para.5 above] or **Appendix VII** [for Part II applications under section 12(1)(b) of the Ordinance]).

10. Applicants may be requested to submit additional information/documents and/or clarification/evidences regarding their submitted information to facilitate consideration of their applications by the Occupational Therapists Board and its committees where necessary.

### **Deadline for returning application forms**

11. Section 21(1) of the Ordinance stipulates that "..... a person who practises a profession without being registered in respect of that profession commits an offence". This section has come into effect since 1 August 1991 in relation to the occupational therapy profession. Registration under section 12(1) of the Ordinance is an <u>on-going exercise</u> without any deadline.

# **Practising certificates**

12. Under section 16(1) of the Ordinance, "A person registered shall not practise a profession in Hong Kong unless he is the holder of a practising certificate which is then in force". This section has come into effect since 1 August 1991. Section 16(3) of the Ordinance states that "Where a practising certificate is issued pursuant to an application made under subsection (2), the certificate shall, subject to subsection (5), be in force for any period not exceeding 12 months and ending on 30 June in any year as may be specified in the certificate". The need for a person practising occupational therapy in Hong Kong to hold a valid practising certificate has become a mandatory requirement since 1 August 1991. Applicants who wish to apply for a practising certificate are requested to complete the letter at **Appendix VIII**. This should go together with the application form.

### **Self-addressed labels**

13. Applicants are requested to fill in their corresponding address on the labels at **Appendix IX**. Future correspondence will be sent to the address written on the labels. These labels should also be submitted with the application form.

#### **Examination**

14. Applicants who do not possess the recognized qualifications may be required to sit for an examination.

# **How to return the completed application forms**

15. Completed application forms, together with all related documents, may be returned in person (either by the applicant himself or his representative) or by post to the Central Registration Office at 17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

# Warning against false declaration

16. Under section 12(2) of the Ordinance, "A person who wilfully procures himself or any other person to be registered by making or producing or causing to be made or produced, any false or fraudulent representation or declaration, whether in writing or otherwise commits an offence". Please note that the Board may verify information and documents submitted by applicants with the appropriate organizations.

#### **Fees**

17. After approval has been given, fees will be charged for the issue of registration certificates and practising certificates in accordance with the scale of charges shown in **Appendix X**. Applicants will be notified <u>later</u> of the method of payment. <u>No</u> fees will be charged before approval of the application.

#### **Statement of purposes**

18. The 'Statement of Purposes' in relation to the personal data provided in the applications forms is at **Appendix XI**.

# Office hours of counter services and telephone enquiry number

- 19. Counter services in relation to applications for registration are provided from 9:00 a.m. to 1:00 p.m. and from 2:00 p.m. to 5:45 p.m. from Tuesdays to Fridays, and from 9:00 a.m. to 1:00 p.m. and from 2:00 p.m. to 6:00 p.m. on Mondays (except public holidays).
- 20. The telephone enquiry number during office hours is 2961 8647/2961 8652.

January 2023

# **Exemptions**

- A. Under section 30(2) of the Supplementary Medical Professions Ordinance, the following persons practising occupational therapy directly connected with and necessary for the discharge or performance of their duties shall while serving in the appointments specified be deemed to be registered---
  - (a) a member of the Chinese People's Liberation Army; and
  - (b) a person holding an appointment in a ship.

However, section 30(2) of the Ordinance shall not extend to any person specified therein who is practising occupational therapy privately in Hong Kong.

B. Extract from Schedule 4 to the Occupational Therapists (Registration and Disciplinary Procedure) Regulations

# Exemptions from the Ordinance

| <u>Item</u> | Person Exempt  | Exempt<br>Section |
|-------------|--|-------------------|
|             | Part 1   |                   |
| 1.          | A registered medical practitioner while practising medicine  | 21(1)             |
| 2.          | A student in the course of undergoing any course in occupational therapy or medicine at the University of Hong Kong, the Chinese University of Hong Kong or the Hong Kong Polytechnic University | 21(1)             |

## **Qualifications**

Registration criteria are stipulated in section 12(1) of the Supplementary Medical Professions Ordinance. Under section 15A of the Ordinance, the Occupational Therapists Board has the authority to hold examinations. Relevant extracts from the Ordinance are reproduced in section A of this Appendix. Qualifications/criteria for registration under sections 12(1)(a), 12(1)(b) and 12(1)(c) of the Ordinance are described in sections B to D respectively.

#### A. Extract from the Supplementary Medical Professions Ordinance

# Section 12 "Persons who are qualified to be registered

- (1) Subject to this Ordinance, the following persons are qualified to be registered---
  - (a) a person who---
    - (i) holds such degree, diploma or other document as may be prescribed, issued by any examining body as may be prescribed or by the board; or
    - (ii) holds any such degree, diploma or other document and has the prescribed experience; or
  - (b) a person who holds such other degree, diploma or any other document of any examining body, which together with appropriate experience, may from time to time be recognized by the Council as qualifying the holder thereof to be registered; and in deciding whether or not to so recognize the Council may consult the relevant board; or
  - (c) a person who, on the date on which this section commenced to apply to a profession, is practising that profession and who by reason of his education, training, professional experience and skill satisfies the Council, after consultation with the relevant board, that he is a fit person to be registered."

### Section 15A "Examinations by the board

Each board may---

- (a) hold examinations for the purposes of section 12(1) (a) and 15(2) and (2A) as and when it considers expedient or necessary;
- (b) conduct such examinations itself or appoint examiners to conduct them on its behalf; and
- (c) specify conditions as regards the eligibility of persons to sit for---
  - (i) any examination held under paragraph (a);
  - (ii) any examination so held which is of a particular class; or
  - (iii) any particular examination so held."

B. Qualifications extracted from the Occupational Therapists (Registration and Disciplinary Procedure) Regulations for registration under section 12(1)(a) of the Ordinance

# Regulation 4 "Qualifications for registration

For the purposes of section 12(1)(a) of the Ordinance, a person shall be qualified for registration if he holds---

- (a) a Professional Diploma in Occupational Therapy issued by the Hong Kong Polytechnic before 1 January 1994, or a Bachelor of science Degree in Occupational Therapy issued by the Hong Kong Polytechnic or the Hong Kong Polytechnic University on or after 1 January 1994; or
- (b) a certificate from the Board that he has passed an examination relating to occupational therapy conducted under section 15A of the Ordinance for the purposes of section 12(1)(a) of the Ordinance."

# Regulation 5 "Qualifications and experience for entry in various parts of the register

For the purposes of section 13(4) of the Ordinance the Secretary shall enter the name of an occupational therapist---

- (a) who holds a qualification referred to in regulation 4 and who has---
  - (i) experience of not less than 1 year---
    - (A) acquired after the occupational therapist acquired such qualification; and
    - (B) recognized for the purposes of this regulation by the Board; or
  - (ii) such other experience, acquired before the occupational therapist obtained such qualification, as may be accepted by the Board in a particular case subject to such conditions (if any) relating to the acquisition of post qualification experience as the Board may impose,

in Part I of the register;

(b) who holds a qualification referred to in regulation 4 but does not have the experience referred to in paragraph (a)(i) or (ii), in Part II of the register;"

# C. Non-local qualifications for registration under section 12(1)(b) of the Ordinance

- (1) A person who holds non-local qualifications in Occupational Therapy or other qualifications which are not mentioned in section B above may apply for registration under section 12(1)(b) of the Ordinance. The Supplementary Medical Professions Council will decide whether a particular qualification is registrable and if registrable, in which part of the register the name of the holder should be entered.
- (2) Applications would be assessed on individual merits with regard to the following assessment criteria:
  - (a) has completed a program approved by the World Federation of Occupational Therapists ("WFOT");
  - (b) has completed at least 1,000 hours clinical training as part of the program curriculum under the supervision of qualified occupational therapists whose qualifications and registration status might be required as evidence [Note 1];
  - (c) has reached level 6.5 in International English Language Testing System (IELTS) with no score below 6 in each of the 4 tests in reading, listening, writing and speaking [Note 2];
  - (d) has produced documentary proof to evident his/her communication skills with patients in either English/Cantonese. Such evidence may include
    - Documentary proof that the training curriculum has built-in assessments on communication skills; or
    - Clinical placement records, clinical case study, log book, etc. in 2 OT specialties; or
    - A declaration by the clinical supervisor that he/she has communicated effectively with patients during the clinical practicum.
  - (e) is holding a current registration status with an occupational therapist governing body and current practising right in the jurisdiction [Note 3];
  - (f) has produced documentary proof that he/she has obtained appropriate experience directly relating to occupational therapy after obtaining the qualification acceptable for registration [Note 4]; and
  - (g) has declared whether there had been any disciplinary proceedings against him or her in Hong Kong or elsewhere.

#### **Note 1:**

#### **Definition of supervised clinical training**

Supervision refers to the process of overseeing the student's implementation of an OT process, where the supervisor is responsible for the quality of the student's practice and for the safety of the recipient of occupational therapy. Recipients should be real clients with genuine OT needs for assessment and intervention. There should be clinical interaction between students and recipients. It is likely that supervision will initially include (a) discussion with the student; (b) review of the student's intervention plans and records; and (c) observation of the student's actions.

The amount and frequency of supervision will progress from close on-site supervision to independent practice as students progress through the program. The level of supervision will also vary with students' knowledge base, familiarity with the practice setting and their learning needs; the contexts of practice – including the presence or absence of other health professions; the complexity of the occupational therapy intervention to be provided and the level of proficiency required for it to be effective; and the safety risks for both students and recipients of occupational therapy.

#### Note 2:

Applicants may apply for exemption from taking IELTS if they could provide proof that their English proficiency is comparable to the requisite IELTS levels. Applications for exemptions would be considered on individual merits.

#### Note 3:

The requirement on registration status and practising right shall be exempted for applicants who have enrolled in, are studying or have been graduated from the OT programmes before 1 April 2016. Applicants who enroll in studying the OT programmes on or after 1 April 2016 are required to comply with this requirement.

#### Note 4:

The appropriate experience obtained should be supervised by a registered occupational therapist. Applicants for Part I registration should have obtained not less than 1 years' recognized experience. Applicants for Part II registration should have obtained appropriate experience of not less than 30 hours.

- (3) Persons who have fulfilled the above criteria for registration 12(1)(b) are eligible for registration in Part II of the register.
- (4) Holders of the registrable qualifications with not less than one year's post-qualification experience are eligible for registration in Part I of the register.

(5) For verification of applicants' qualifications, applicants are invited to complete the authorization form at Appendix VI for the Occupational Therapists Board to verify with the institutions directly.

# D. <u>Criteria for registration under section 12(1)(c) of the Ordinance, and entry in various parts of the register</u>

Applicants who possess very rich experience in practising occupational therapy but who do not possess any formal qualifications may apply for registration under section 12(1)(c) of the Ordinance. Each application will be considered on its individual merits on a case-by-case basis. The education, training, professional experience and skill will be taken into consideration.

# **Post qualification Experience Form (Part I)**

Application for Registration as an Occupational Therapist in Part I of the Register under Section 12(1) (\*a/b/c) of the Supplementary Medical Professions Ordinance

To: Secretary, Occupational Therapists Board

|   |   | by *Mr/Ms  |              |                 |                                       |           |                     |
|---|---|--|--------------|-----------------|---------------------------------------|-----------|---------------------|
|   |   | (Na  | me of applic | cant)           |                                       |           |                     |
|   | The above-na                              | med person applies for Part I re                               | gistration   | and I confirm   | n the following.                      |           |                     |
| (a)                                       | The job description duty list with superv | and duty list of the applicant's ovisor's signature)           | employm      | ent is/are atta | ched. (please att                     | each the  | job description and |
| (b)                                       | •   | nly hours of supervision, and the of the following areas are#: | mode an      | nd channel o    | of supervision b                      | oetween   | the applicant and   |
|   | Areas                                     | Mode of supervision  |              | Channel         | of supervision                        |           | Average monthly     |
|   | (see Note 1)                              | (see Note 2)   |              |                 | ee Note 3)                            |           | ours of supervision |
|   | Administrative                            | · · · · · ·  |              | ·               | · · · · · · · · · · · · · · · · · · · |           | (a)                 |
|   | Clinical                                  |  |              |                 |                                       | (         | (b)                 |
|   | Supportive                                |  |              |                 |                                       | (         | (c)                 |
|   |   | Overall m  | onthly ho    | ours of superv  | rision: (a) + (b) - (see No           |           |                     |
| (c)                                       |   | s/was continuously employed                                    | d on a       |                 | basis/part-time                       |           |                     |
|   |   | (Details of )  | part-time em | ployment)       |                                       |           | ·                   |
|   | with                                      |  |              |                 |                                       |           |                     |
|   |   | (Name of ea  | mploying org | ganization)     |                                       |           |                     |
|   | holding the position                      | of   |              |                 |                                       |           |                     |
|   |   | (Position he   | ,            |                 |                                       |           |                     |
|   | from                                      | to   | ·            | The application | ant's business ad                     | ldress(es | s) *is (are)/       |
|   | (Date)                                    | (Date)   |              |                 |                                       |           |                     |
|   | was (were)                                |  |              |                 |                                       |           |                     |
|   | D : .1 1                                  | ' 1 1 1' 1' 1' 1 1   |              | 1 1 6           | .1                                    | .1        | *D : 1 C1           |
|   |   | eriod, the applicant *has taken/                               |              |                 |                                       |           |                     |
|   | taken was nom                             | (Date) to (Date)   |              | and moni        | (Date)                                | ιο        | (Date)              |
|   |   |  | ,            |                 | (,                                    |           | (,                  |
|   |   |  |              |                 |                                       |           |                     |
| Sig                                       | nature of Supervisin                      | g Part I Occupational Therapist                                | :            |                 |                                       |           |                     |
|   | Name of Supervisin                        | g Part I Occupational Therapist                                | :            |                 |                                       |           |                     |
|   |   | Registration Number  | :            |                 |                                       |           |                     |
| Registration Number:  Current Post Title: |   |  |              |                 |                                       |           |                     |
| Organization:                             |   |  |              |                 |                                       |           |                     |
|   |   | Contact Telephone Number                                       | :            |                 |                                       |           |                     |
|   |   |  |              |                 |                                       |           |                     |
|   |   | Dusiness Address   | ·            |                 |                                       |           |                     |
|   |   | Date   | :            |                 |                                       |           |                     |
|   | # Please use separa                       | te sheets where necessary.                                     |              |                 |                                       |           |                     |

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<sup>\*</sup> Please delete as appropriate

Note 1: **Administrative** areas include preparation of reports/case summaries/ supervision logs, arranging meeting with supervisor(s)/traveling, etc.;

**Clinical** areas include learning of skills and knowledge, treatment planning/implementation, and case management, etc.

**Supportive** areas include seeking assistance/emotional support/counselling, etc.

- Note 2: Mode of supervision includes case conference, peer review, training course, discussion, meeting, document review, clinical visit, etc.
- Note 3: Channel of supervision includes face-to-face supervision, on-site observation, telephone contact, email contacts, teleconferencing, etc.
- Note 4: Documentary proof, e.g. detailed document(s) and record(s) of supervision including date, duration, mode and contents of supervision including the feedback from the supervisor, is required to be submitted when the overall monthly hours of supervision are <u>less than 10 hours for a full-time job</u> or less than 5 hours for a part-time job.

# Guidelines on Supervision for Occupational Therapists in Part II of the Register

# General Principles

- 1. Section 6(2) of the OT Regulations provides that a person registered in Part II of the register can only practise under the supervision of a person registered in Part I. Practice under supervision for one year full-time or equivalent is also one of the requirements stipulated by the Board for Part I registration.
- 2. The purpose of supervision is to enable occupational therapists with Part II registration to -
  - (a) develop knowledge and competence, and good standard of practice;
  - (b) assume responsibility for their clinical practice; and
  - (c) enhance the delivery of safe and effective occupational therapy services to the public.
- 3. Both quality and quantity of supervision are essential for ensuring effective supervision.

### Role of Supervisee, Supervisor and Employer

- 4. The role of different stakeholders involved in supervision are set out as follows -
  - (a) A supervisee should:
    - initiate a clear supervision agreement (with objective) with the supervisor(s);
    - maintain a cooperative relationship with the supervisor(s) based on respect for supervisor's/supervisors' knowledge, competence and experience;
    - provide the supervisor(s) with information on the duties and scope of practice;
    - consult the supervisor(s) in complex clinical situations;
    - take proactive steps in approaching the supervisor(s) for review and discussion on a regular basis;
    - provide a confidential case summary for periodic review by the supervisor(s);
    - maintain a supervision log with details of the date, duration and nature of supervision; and
    - attend trainings as suggested by the supervisor(s).

#### (b) A *supervisor* should:

- maintain a collaborative relationship with the supervisee(s) in an effort to establish, maintain and enhance their professional competence and performance through close supervision and case observation, and ensure the safe and effective delivery of occupational therapy services by the supervisee(s);
- cooperate with the employer of the supervisee(s) to ensure that coaching, training and critical reflection in day-to-day practice issues could be carried out;
- ensure that supervision form is completed in a timely manner for registration application purpose;
- provide regular performance review, e.g. case review and documentation audit to the supervisee(s) during the supervision period; and
- provide an annual review (based on the actual results achieved as measured against the agreed supervision objective) to the supervisee(s) by the end of the supervision period.

#### (c) An *employer* should:

- be aware of the requirements of occupational therapists registration in Hong Kong;
- maintain a cooperative relationship with the supervisor(s) of their occupational therapist employee to ensure the delivery of an effective supervision; and
- facilitate the supervisor(s) in providing on-site visits and case study with their supervisee(s) in practice settings where necessary.

# Occupational Therapists Board of Hong Kong

Boards and Councils Office, 46/F, Revenue Tower 5 Gloucester Road, Wan Chai, Hong Kong Phone: (852) 2527 8363 Fax: (852) 2865 5540

Website: www.smp-council.org.hk Email: otb@dh.gov.hk

#### **Clinical Training Information**

The applicant is invited to submit details of his/her clinical training to facilitate the determination of his/her suitability for registration as an occupational therapist with the Occupational Therapists Board of Hong Kong.

Please complete the following form, which should be signed by the programme director and

Name of the applicant: \_\_\_\_\_\_

Title of the programme/course: \_\_\_\_\_\_

Name of the institute at which your occupational therapy programme/course was undertaken:

Commencement date of the course: \_\_\_\_\_\_

Completion date of the course:

## **Details of clinical training:**

endorsed with the institute's seal or stamp.

(Definition of supervised clinical training: Supervision refers to the process of overseeing the student's implementation of an OT process, where the supervisor is responsible for the quality of the student's practice and for the safety of the recipient of occupational therapy. It is likely that supervision will initially include (a) discussion with the student; (b) review of the student's intervention plans and records; and (c) observation of the student's actions. The clinical training, regardless of the mode, should consist of (i) real client with genuine OT needs for OT assessment and intervention; and (ii) clinical interaction between client and the student.)

|   | Placement<br>venue and<br>period<br>(Note 1) | Nature of the placement | Setting of the placement (Note 2)              | Duration<br>(hours)  (excluding<br>hours of<br>placement<br>undertaken<br>at home) | Name and registration number of Occupational Therapist providing clinical supervision | Communicated with patient(s) in English/Cantonese effectively? (Yes/No) (Note 3) |
|---|--|-------------------------|--|--|---|--|
| · | ABC Hospital<br>01/2023-03/2023              | Rehabilitation          | Acute, out-patient and extended rehabilitation | 200  | Mr Chan Tai Man<br>(OT999000)   | Yes  |
|   |  |                         |  |  |   |  |

E.g.

| Placement<br>venue and<br>period<br>(Note 1) | Nature of the placement | Setting of the placement (Note 2)                       | Duration<br>(hours)<br>(excluding<br>hours of<br>placement<br>undertaken<br>at home) | Name and registration number of Occupational Therapist providing clinical supervision | Communicated with patient(s) in English/ Cantonese effectively? (Yes/No) (Note 3) |
|--|-------------------------|---|--|---|---|
|  |                         |   |  |   |   |
|  |                         |   |  |   |   |
|  |                         |   |  |   |   |
|  |                         |   |  |   |   |
|  |                         |   |  |   |   |
|  |                         |   |  |   |   |
| (  |                         | mber of clinical hours:<br>ess than <u>1,000</u> hours) |  |   |   |

#### Notes:

- 1. For placement not undertaken in the home country/region of the University, please provide further document/evidence of: (i) prior agreement between the University and the organization offering clinical education; (ii) clinical education guidelines; (iii) training of the clinical educator about the clinical education guidelines; and (iv) the pattern/schedule of the clinical supervision.
- 2. For non face-to-face clinical training in clinical setting, such as "simulation / simulated training", "virtual", "project", "tele-health", etc., further information should be provided to show that the clinical placement has involved real recipient(s) with genuine occupational therapy needs and implementation of occupational therapy process including interaction with client.
- 3. Please specify the language used in clinical placement if it is conducted in neither English nor Cantonese.

| Signature & Name of Programme Director | Official Stamp of the Institute |
|--|---------------------------------|
| Date                                   |                                 |
|  | 10                              |

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# **IMPORTANT NOTE**

# For Completion of Clinical Training Information Form

Applicants are required to take note of the definition of supervised clinical training as recognized for registration as occupational therapists in Hong Kong as follows: -

Supervision refers to the process of overseeing the student's implementation of an OT process, where the supervisor is responsible for the quality of the student's practice and for the safety of the recipient of occupational therapy. Recipients should be real clients with genuine OT needs for assessment and intervention. There should be clinical interaction between students and recipients. It is likely that supervision will initially include (a) discussion with the student; (b) review of the student's intervention plans and records; and (c) observation of the student's actions.

In other words, the clinical training, regardless of the mode, should consist of these elements: (i) implementation of OT process; and (ii) recipient.

As such, for non face-to-face clinical training in clinical setting, such as "simulation / simulated training", "virtual", "project", etc., further information should be provided to show that the clinical placement has involved *real clients with genuine OT needs, clinical interaction between student and recipients*, and implementation of occupational therapy process.

For placement undertaken NOT in the home country/region of the University (including placement in Hong Kong)

The following document/evidence should also be provided-

- (i) Documents to demonstrate a prior agreement between the educational institute and the organization which offers clinical education
- (ii) Clinical education guidelines for the clinical education, which is established by the educational institute, concerning philosophy, procedure and criteria for rating student's performance in the clinical placement
- (iii) Evidence, in terms of declaration and/or records, on training of the clinical educator about the clinical education guidelines
- (iv) Evidence, in terms of declaration and/or records, to indicate the mode and pattern/schedule of the clinical supervision

(Rev. Dec 2023)

| <u>To:</u> |          |                       |          |            |                   |         |             |              |         |
|------------|----------|-----------------------|----------|------------|-------------------|---------|-------------|--------------|---------|
|            | (        | (Name of Instit       | ution)   |            |                   |         |             |              |         |
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|            | I,       |                       | (N:      | ame of A   | Applicant)        |         |             | , au         | thorize |
|            |          |                       |          |            |                   |         |             |              | to      |
| 1          |          | 1                     |          | e Institut |                   |         | 1' C'       | ··           |         |
| release    | my       | personal              | data     | as         | regards           | my      | qualifica   | tion attai   | inment. |
|            |          |                       |          |            | to t              | he Oc   | cupational  | Therapists   | Board   |
|            |          | e qualification award |          |            |                   |         |             |              |         |
| Hong K     | long for | r the purpose         | of thei  | r veri     | fying my          | submit  | ted informa | tion in con  | nection |
| with my    | applica  | ation for regi        | stration | as an      | Occupation        | onal Th | erapist und | er section 1 | 2(1)(b) |
| of the     | e Su     | pplementary           | Medi     | ical       | Professio         | ons (   | Ordinance,  | Chapter      | 359,    |
| Laws of    | Hong '   | Kong.                 |          |            |                   |         |             |              |         |
| Lawson     | nong     | itong.                |          |            |                   |         |             |              |         |
|            |          |                       |          |            |                   |         |             |              |         |
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|            |          |                       |          |            |                   |         |             |              |         |
|            |          |                       | S        | Signa      | ture :            |         |             |              |         |
|            |          |                       |          | Na         | ame :             |         |             |              |         |
|            |          |                       | Student  | Nun        | nber :            |         |             |              |         |
|            |          |                       |          | Т          | Date :            |         |             |              |         |

# **Post Qualification Experience Form (Part II)**

To: Secretary, Occupational Therapists Board

# Application for Registration as an Occupational Therapist in Part II of the Register under section 12(1)(b) of the Supplementary Medical Professions Ordinance

| by *Mr/Ms  |                                    |
|--|------------------------------------|
| The above-named person applies for Part II Registration  | and I confirm the following:       |
| (a) The OT process that the above-named person particip  | pated in is as follows:            |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
| (b) The period is as follows:  |                                    |
| Fromto(date) (date)  | ( total : hours <sup>note</sup> ). |
| Note: the number of hours should not be less than 30 Signature of the Supervising Occupational Therapist : |                                    |
| Name of the Supervising Occupational Therapist :   |                                    |
| Registration Number/Registration Body :  |                                    |
| Current Post Title :   |                                    |
| Organization :   |                                    |
| Contact Telephone Number :   |                                    |
| Business Address :   |                                    |
|  |                                    |

| Central Registration Office |
|-----------------------------|
| 17/F, Wu Chung House        |
| 213 Queen's Road East       |
| Wan Chai                    |
| Hong Kong                   |

Dear Sir/Madam,

# **Application for Practising Certificate**

If my application for registration as an occupational therapist is approved, please treat this letter as my application for a practising certificate under Section 16 of the Supplementary Medical Professions Ordinance, Cap. 359.

| <br>Signature                               |
|---|
| <br>Name                                    |
| <br>Hong Kong Identity Card/Passport Number |
| Date  |

<u>IMPORTANT NOTE</u>: The need for a person practising occupational therapy in Hong Kong to hold a valid practising certificate has become a mandatory requirement since 1 August 1991.

| Name :           | Name :Address :   |
|------------------|-------------------|
| Name :           | Name :Address :   |
| Name : Address : | Name :  Address : |

# **FEES**

| <u>Item</u> | <u>Particular</u>  | <u>Fee</u> (wef 1.1.2016) |
|-------------|--|---------------------------|
| 1.          | Certificate of registration under section 13 of the Ordinance  | HK\$1,330                 |
| 2.          | Practising certificate issued under section 16 of the Ordinance (be in force for any period not exceeding 12 months and ending on 30 June in any year) | HK\$435                   |

# **Statement of Purposes**

#### **Purpose of Collection**

The personal data provided by you to the Occupational Therapists Board are to be used for the following purposes in relation to the Supplementary Medical Professions Ordinance (Cap 359) and the Occupational Therapists (Registration and Disciplinary Procedure) Regulations:

- (i) to process your application for registration and/or examination;
- (ii) to compile statistics;
- (iii) to prepare, maintain and publish the register;
- (iv) to process complaints or enquiries;
- (v) to send you materials issued by the Occupational Therapists Board; and
- (vi) any other legitimate purpose.

The provision of personal data is voluntary. However, if you do not provide sufficient information, the Occupational Therapists Board may be unable to process your application for registration.

#### Disclosure of Personal Data to the Public

- 2. Under section 11 of the Supplementary Medical Professions Ordinance, a list of the names, addresses, qualifications and dates of the qualifications of all persons whose names appear on the register has to be published annually in the Government of the Hong Kong Special Administrative Region Gazette. The correspondence address that you provide to the Occupational Therapists Board will appear in the Gazette and on the relevant Government website where the e-Gazette is published.
- 3. The names and the registration numbers of registrants will also be posted on the website (<a href="www.smp-council.org.hk/ot/english/index.htm">www.smp-council.org.hk/ot/english/index.htm</a>) of the Occupational Therapists Board.
- 4. The main purpose of publishing such information is to protect the public by creating a public record of persons who are registered occupational therapists and are entitled to practise the profession in Hong Kong.

#### **Classes of Transferees**

5. The personal data that you provide are mainly for use within the Occupational Therapists Board, but, if required, they may also be disclosed to other government departments, bureaux, agencies and authorities for the purposes mentioned in paragraph 1 above. Apart from such disclosure, your data may only be disclosed to other parties where you have consented to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

# **Access to Personal Data**

6. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

# **Enquiries**

7. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:

Secretariat, Occupational Therapists Board Boards and Councils Office 46/F, Revenue Tower 5 Gloucester Road Wan Chai, Hong Kong

Tel No. : 2527 8363 Fax No. : 2865 5540 Email : otb@dh.gov.hk

# **Checklists of Documents to be Submitted**

(Note: Applicants may be requested to submit additional information/documents and/or clarification/evidences regarding their submitted information to facilitate consideration of their applications by the Occupational Therapists Board and its committees where necessary.)

# For registration in Part II of the register

| Applica | tions made under 12(1)(a) of SMP Ordinance  |
|---------|---|
|         | Four passport size (50mm x 40mm) photographs, including one pasted on the photograph box in the application form (see para. 9 of the Guide)                                       |
|         | Copy of Hong Kong Identity Card or Passport (see para. 9 of the Guide)  |
|         | Documentary evidence of education qualification in occupational therapy (see para. 9 of the Guide)  |
|         | Letter for Application for Annual Practising Certificate at <b>Appendix VIII</b> (see para. 12 of the Guide)  |
|         | Address labels at <b>Appendix IX</b> (see para. 13 of the Guide)  |
| Applica | tions made under 12(1)(b) of SMP Ordinance  |
|         | Four passport size (50mm x 40mm) photographs, including one pasted on the photograph box in the application form (see para. 9 of the Guide)                                       |
|         | Copy of Hong Kong Identity Card or Passport (see para. 9 of the Guide)  |
|         | Documentary evidence of education qualification in occupational therapy (see para. 9 of the Guide)  |
|         | Clinical Training Information Form at Appendix V (see para. 9 of the Guide)   |
|         | Authorization Form for Verification of Qualification at <b>Appendix VI</b> (see para. 9 of the Guide)   |
|         | Documentary proof to evident communication skills with patients in either English/Cantonese (see para. 4 and Appendix II of the Guide)  |
|         | IELTS Results or equivalent (see para. 4 and Appendix II of the Guide)  |
|         | Proof of holding registration status with overseas regulatory body (see para. 4 and Appendix II of the Guide)   |
|         | Documentary evidence of relevant experience in occupational therapy, including the Post-qualification Experience Form (Part II) at <b>Appendix VII</b> (see para. 9 of the Guide) |
|         | Letter for Application for Annual Practising Certificate at <b>Appendix VIII</b> (see para. 12 of the Guide)  |
|         | Address labels at <b>Appendix IX</b> (see para, 13 of the Guide)  |

# For Registration in Part I of the register

| For ap           | pplicants currently registered in Part II of the register:   |
|------------------|--|
|                  | Four passport size (50mm x 40mm) photographs, including one pasted on the photograph box in the application form (see para. 9 of the Guide)                                      |
|                  | Copy of Hong Kong Identity Card, or Passport (see para. 9 of the Guide)  |
|                  | Documentary evidence of education qualification in occupational therapy (see para. 9 of the Guide)   |
|                  | Documentary evidence of relevant experience in occupational therapy, including the Post-qualification Experience Form (Part I) at <b>Appendix III</b> (see para. 9 of the Guide) |
|                  | Address labels at <b>Appendix IX</b> (see para. 13 of the Guide)   |
| Applio<br>follow | cants currently NOT registered in Part II of the register should <u>also</u> submit the ving:  |
|                  | Clinical Training Information Form at <b>Appendix V</b>  |
|                  | Authorization Form for Verification of Qualification at <b>Appendix VI</b>   |
|                  | Documentary proof to evident communication skills with patients in either English/Cantonese (see para. 4 and Appendix II of the Guide)   |
|                  | IELTS Results or equivalent (see para. 4 and Appendix II of the Guide)   |
|                  | Proof of holding registration status with overseas regulatory body (see para. 4 and Appendix II of the Guide)  |
|                  | Letter for Application for Annual Practising Certificate at <b>Appendix VIII</b> (see para. 12 of the Guide)   |