

**Application under section 14 / 14(A) of  
Supplementary Medical Professions Ordinance (Cap. 359, Laws of Hong Kong)**

Applicant **must complete Part I & Part II**, and if apply for:

- (1) Certificate of Registration (*Certified Copy*) - Please also complete Part III(A)**
- (2) Certificate of Registration (*Duplicate Copy*) - Please also complete Part III(B)**
- (3) Certificate verifying registration - Please also complete Part III(C)**
- (4) Certificate of Standing - Please also complete Part III(D)**

**Note:** This application form, relevant document(s) (if applicable) and the payment should be submitted to Central Registration Office at **17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong**  
**(Enquiry Tel: 2961 8649)**

For other enquiries, please contact the Secretariat of relevant Board as below:-

- Medical Laboratory Technologists Board at 2527 8380 or [mltb@dh.gov.hk](mailto:mltb@dh.gov.hk)
- Occupational Therapists Board at 2527 8369 or [otb@dh.gov.hk](mailto:otb@dh.gov.hk)
- Optometrists Board at 2527 8363 or [opb@dh.gov.hk](mailto:opb@dh.gov.hk)
- Physiotherapists Board at 2527 8369 or [ptb@dh.gov.hk](mailto:ptb@dh.gov.hk)
- Radiographers Board at 2527 8380 or [rgb@dh.gov.hk](mailto:rgb@dh.gov.hk)

**Part I (Must complete)**

I am a registrant of the following Board: (*tick whichever is appropriate*)

- Medical Laboratory Technologists Board
- Occupational Therapists Board
- Optometrists Board
- Physiotherapists Board
- Radiographers Board

**Part II (Must complete)**

Name of Registrant: \_\_\_\_\_

Registration No.  
(including previous Registration No.,  
if any): \_\_\_\_\_

HKID No. / Passport No.: \_\_\_\_\_

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

Email: \_\_\_\_\_ Tel.: \_\_\_\_\_

**Part III**

I would like to make the following application(s) under the Supplementary Medical Professions (“SMP”) Ordinance: *(tick whichever is appropriate)*

- 
- (A) Certified Copy of Certificate of Registration under section 14(3) of the SMP Ordinance  
**(Fee: \$310 for each copy)**

No. of Copy Applied for : \_\_\_\_\_

*(Note for **Optometrists**: As stipulated under section 4.2 in Part III of the Code of Practice, application for more than **two** certified copies of Registration Certificate may be subject to investigation by the Optometrists Board to ensure that the Regulation is being complied with. Optometrists who apply for more than **two** certified copies **accumulatively** are required to submit documentary proofs **from their employers** by using the attached form (**Form A**). Optometrists may enquire with the Secretariat to check their application record.)*

I propose to practise and will display the certified copy of the Certificate of Registration at the following premise(s):-

<b>Practising Address</b> (Separate sheet may be used in the event of more than two addresses.)	
(1)	
(2)	

**IMPORTANT NOTE:**

*Applicants are required to make a photocopy of their own Certificate of Registration and bring (i) the photocopy together with (ii) the original certificate, to Central Registration Office for certification purpose.*

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- (B) Duplicate Certificate of Registration under section 14(7) of the SMP Ordinance  
(Fee: \$360 for each copy)

**IMPORTANT NOTE:**

*The application should be accompanied with (i) the damaged or defaced original certificate or a report of loss of the original certificate to the Police, (ii) a statutory declaration made before a Commissioner for Oaths or Notary Public as to the truthfulness of the contents of the application [A list of offices in the Department of Health which provide statutory declaration service is listed at last page], and (iii) two passport size (50mm x 40mm) photographs.*

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For application for **Part III(C) Certificate verifying registration** or **Part III(D) Certificate of Standing**, if the certificate is to be issued to more than one organisation/ address, please provide information of the other organisations/ addresses in a separate sheet. Separate payment of the prescribed fees for each organisation/ address is required.

- (C) Certificate verifying registration under section 14(A) of the SMP Ordinance  
(Fee: \$545 for each copy)

*(Note: This Certificate will not include disciplinary record. If you need such information, please apply for (D) Certificate of Standing.)*

- (D) Certificate of Standing under section 14(A) of the SMP Ordinance  
(Fee: \$720 for each copy)

Name of the local/overseas organisation: \_\_\_\_\_

Address of the local/overseas organisation: \_\_\_\_\_

Your application number:  
(if applicable) \_\_\_\_\_

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

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

**Form A (For Optometrists Only)**

**Application for Certified Copy of Certificate of Registration under  
Section 14(3) of Supplementary Medical Professions Ordinance (Chapter 359)<sup>Note 1</sup>**

I confirm \_\_\_\_\_ (Name of the Applicant) (Registration No.: \_\_\_\_\_ )  
is being employed by our Company and is / will be practising optometry at the following  
address(es):

	Address <sup>Note 2</sup>
(1)	
(2)	
(3)	
(4)	

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

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

Post Title: \_\_\_\_\_

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

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

<sup>Note 1</sup> Only if you apply for more than two certified copies accumulatively (i.e. past applications are counted), then you are required to submit this Form (to be completed by your employer)

<sup>Note 2</sup> If you need to apply for certified copy of certificate of registration for more practising addresses, please supplement in a separate sheet and submit together with this Form.