

Certification of Experience
for application for Registration as Radiographer in Part II of the register
under section 12(1)(b) of the Supplementary Medical Professions Ordinance

Name : _____
(HKID: _____ **)**

To whom it may concern,

I hereby certify that (Name) _____ (HKID) _____
worked under my close personal supervision from _____ to
_____ at _____ in performing the
duties of _____

_____.

Signature: _____
Name: _____
Registration No.: _____
Date: _____