

香港醫務委員會  
2019年執業資格試(第一次考試)  
MEDICAL COUNCIL OF HONG KONG  
2019 LICENSING EXAMINATION (FIRST SITTING)

表格 2 (舊生/重考生適用)

Form 2 (for old/re-sit candidates)

申請應考 2019 年執業資格試 (第一次考試)  
Application to Take 2019 Licensing Examination (First Sitting)

本申請表須以掛號郵寄或親身送交香港醫務委員會執照組秘書處。經傳真或電郵遞交的申請均不受理。  
This application form must be submitted by **registered post or hand delivery** to the Licentiate Committee Secretariat of the Medical Council of Hong Kong. Submission by facsimile or email is NOT accepted.

第一部分 個人資料  
Part I Personal Particulars

考生編號 Candidate Number	ULE		
姓名 Name (須與香港身份證/護照相同) (Must match HKID/Passport)	____ / _____ (Family name) (Given name) Chinese name (if applicable) 中文(如有)		
香港身份證號碼 HKID Card No.	(香港居民適用 for Hong Kong residents)	護照號碼 Passport No.	(非香港居民適用 for non-Hong Kong residents)
出生日期 Date of Birth	日 Day 月 Month 年 Year	年齡 Age	<input type="checkbox"/> 男 <input type="checkbox"/> 女 Male Female
電話號碼 Tel. No.	____ / ____ / ____ (國家號碼 country code) (區域號碼 area code)		
傳真號碼 Fax No.	____ / ____ / ____ (國家號碼 country code) (區域號碼 area code)		
電郵 Email			
住址(英文) Residential Address			
	(City)	(Country)	(Postal Code/Zip Code)
通訊地址(英文) (如與住址不同) Correspondence Address (If different from Residential Address)			
	(City)	(Country)	(Postal Code/Zip Code)

**第二部分 報考 2019 年執業資格試 (第一次考試)**  
**Part II Application to Take 2019 Licensing Examination (First Sitting)**

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本人現報考 2019 年執業資格試(第一次考試) 的下列部分:-

I apply to take the following part(s) of the 2019 Licensing Examination (First Sitting):-

- |   |
|---|
| <input type="checkbox"/> 第一部分: 專業知識考試<br>Part I: Examination in Professional Knowledge  |
| <input type="checkbox"/> 第二部分: 醫學英語技能水平測驗<br>Part II: Proficiency Test in Medical English   |
| <input type="checkbox"/> 第三部分: 臨床考試全部科目 (內科、外科、婦產科、兒科)<br>Part III: Clinical Examination All Disciplines (Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics) |
| <input type="checkbox"/> 第三部分: 臨床考試單一科目 (只適用於已考獲三科及格之考生)<br>Part III: Clinical Examination Single Discipline (only for candidate who has passed 3 disciplines)      |
| <input type="checkbox"/> 內科 Medicine  |
| <input type="checkbox"/> 外科 Surgery   |
| <input type="checkbox"/> 婦產科 Obstetrics & Gynaecology   |
| <input type="checkbox"/> 兒科 Paediatrics   |

於臨床考試，本人欲使用以下語言作答:-

In the Clinical Examination, I wish to answer in:-

- 英語 English     粵語 Cantonese     普通話 Putonghua

於臨床考試，如病人說以下語言，本人需要傳譯:-

In the Clinical Examination, if the patients speak in the following language(s), I would need interpretation:-

- 英語 English     粵語 Cantonese     普通話 Putonghua

- (1) 考生必須先考獲第一及第二部分及格，方可報考第三部分(臨床考試)。  
Applicant must pass Part I and Part II before applying to take Part III (Clinical Examination).
- (2) 考生正進行申請豁免之部份，亦必須報考。  
Applicant must also apply to take the part in respect of which he is applying for exemption.

第三部分 品格  
Part III Character

(1) 犯罪紀錄 / 專業失當行為 Conviction / Professional Misconduct

- (1) 本人 I \*  曾經 have  從來沒有 have NEVER 在香港或以外，被裁定犯了#可被判處監禁的刑事罪行。 been convicted of a criminal offence #punishable with imprisonment in Hong Kong or elsewhere.
- (2) 本人 I \*  曾經 have  從來沒有 have NEVER 在香港或以外，被任何專業團體裁定干犯專業失當行為。 been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere.
- (3) 現時 Currently \*  有 there is  沒有 there is NO 在香港或以外，對本人正進行之刑事程序、或由任何專業團體對本人正進行之紀律處分程序。 on-going criminal or disciplinary proceeding against me by any professional body in Hong Kong or elsewhere.

\* 以另頁列出詳情

\* Set out full details on a separate sheet

# 不論是否被判處監禁

# Irrespective of whether actually sentenced to imprisonment

本人明白有責任就任何可影響本人參加執業資格試資格的變動，立即通知香港醫務委員會執照組。

I understand that I have the responsibility to inform the Licentiate Committee of the Medical Council of Hong Kong of any change which may affect my eligibility for taking the Licensing Examination.

(2) 良好品格 / 聲譽證明 Certificate of Good Standing / Character

本人從未在任何地方註冊為醫生  
I have NEVER been registered in any place as a medical practitioner

呈交: 良好品格證明書 (正本) (須由所畢業醫學院院長、或最後實習或專科訓練的醫院負責人發出)

Submit: Certificate of good character (original) (issued by the dean of medical school, or the authorized person of the hospital in which you LAST received internship / residency training)

本人曾經在下列地方註冊為醫生 (列出所有曾註冊為醫生的地方):-

I HAVE BEEN registered in the following places (set out ALL places in which you have been registered):-

國家/地區 Country/Place	註冊/發牌當局 Registration/Licensing Authority	註冊期間 Period of Registration	現時仍註冊 (是/否) Currently Registered (yes/no)
		to	
		to	
		to	

呈交: (1) 良好聲譽證明書 (正本) (須由每個曾經註冊當局，於本申請前 3 個月內發出)

(2) 註冊執照 (公證影印本) (由現時仍有註冊當局發出)

Submit: (1) Certificate(s) of good standing (original) (issued by EACH registration/licensing authority within 3 months before this application)

(2) Registration certificate/license (notarized copy) (issued by CURRENTLY registered authority)

第四部分 法定聲明

Part IV Statutory Declaration

**警告 WARNING**

根據刑事罪行條例(香港法例第 200 章), 在本聲明中作出任何虛假陳述, 屬可被判處監禁的刑事罪行。  
Making a false statement in this declaration is a criminal offence punishable by imprisonment under the Crimes Ordinance (Chapter 200 of the Laws of Hong Kong).

本人 (姓名)  
I \_\_\_\_\_ (name)

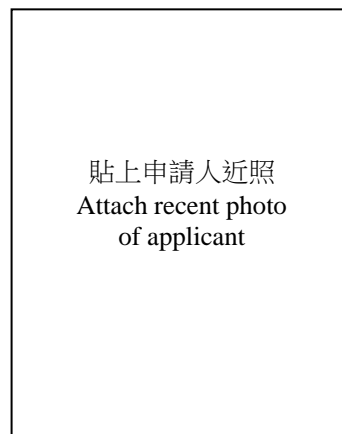
持有香港身份證/護照號碼  
holder of HKID Card/Passport No. \_\_\_\_\_

謹以至誠鄭重聲明, 在此申請所提供之所有資料及文件, 均屬  
真實及正確。

本人謹憑藉《宣誓及聲明條例》作出此項鄭重聲明, 並確信其  
為真實無訛。

solemnly and sincerely declare that all information and  
documents provided for this application are **true and accurate**.

And I make this solemn declaration conscientiously believing the  
same to be true and by virtue of the Oaths and Declarations  
Ordinance.



申請人簽署:  
Applicant's Signature: \_\_\_\_\_

\*\*\*\*\*

上述聲明是於 \_\_\_\_\_ 在 \_\_\_\_\_  
Declared on \_\_\_\_\_ (日期) (date) at \_\_\_\_\_ (地點) (place)

在本人面前提出。  
Before me,

簽署:  
Signature: \_\_\_\_\_

監誓人姓名:  
Name of  
Administrator of oath: \_\_\_\_\_

地址:  
Address: \_\_\_\_\_

電話號碼 電郵  
Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

身份: 監誓員 律師 太平紳士 公證人  
Position:  Commissioner for Oaths  Solicitor  Justice of the Peace  Notary Public

## **Personal Information Collection Statement**

### **Purpose of Collection**

1. The personal data you provide will be used for purposes directly related to your application for registration as a candidate in and taking the Licensing Examination. The data may also be used in connection with your internship training and application for registration as a medical practitioner. It is voluntary for you to provide your personal data. However, if you do not provide sufficient information, we may not be able to process your application.

### **Transfer to Others**

2. The personal data you provide will be used mainly by the Licentiate Committee of the Medical Council of Hong Kong. They may also be disclosed to other persons, bodies or authorities for the purposes set out in paragraph 1 above or in circumstances permitted under the Personal Data (Privacy) Ordinance.

### **Access to Personal Data**

3. You have a right to request access to and correction of your personal data held by us. A fee may be charged for such access or correction. Request for access or correction should be made in writing to:-

Secretary, Licentiate Committee  
The Medical Council of Hong Kong  
4/F, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road  
Aberdeen, Hong Kong.

## **收集個人資料聲明**

### **收集資料之目的**

1. 你所提供之個人資料，會用於與你申請註冊成為執業資格試考生及參與考試直接有關的用途。該些資料，亦可能用於有關你駐院實習及申請註冊為醫生之用途。個人資料的提供，屬自願性質。但如你不提供充份資料，我們可能無法處理你的申請。

### **轉交其他人士**

2. 你所提供的個人資料，主要供香港醫務委員會執照組使用，但亦可能向其他人士、機構或當局披露，以作上段所述之用途，或於《個人資料（私隱）條例》所容許情況下披露。

### **查閱個人資料**

3. 執照組所持有你的個人資料，你有權要求查閱及修正。你可能需要繳付查閱或修正之費用。查閱或修正個人資料之要求，應以書面向執照組秘書提出 :-

香港醫務委員會執照組秘書  
香港香港仔黃竹坑道 99 號  
香港醫學專科學院賽馬會大樓 4 樓