

此表格適用於根據《醫生註冊條例》第7A(1)(b)(i)條申請考試的新申請人

根據《醫生註冊條例》第7A(1)(b)(i)條，「任何人除非符合以下條件，否則無資格參加執業資格試——該人使醫務委員會信納，其本人具有良好品格，並且在該人提出申請時，該人已圓滿地完成不少於5年的屬醫務委員會批准類型的全時間醫學訓練，並是醫務委員會接納的醫學資格的持有人。」該5年全時間醫學訓練須包括一段駐院實習期，而該實習期須為醫務委員會接納。

This form is applicable for new applicants applying for taking the examination as described under section 7A(1)(b)(i) of the Medical Registration Ordinance

It is stipulated in section 7A(1)(b)(i) of the Medical Registration Ordinance that "No person shall be eligible to take the Licensing Examination unless—the person satisfies the Council that the person is of good character and that at the time of the application the person has satisfactorily completed not less than 5 years full time medical training of a type approved by the Council and is the holder of a medical qualification acceptable to the Council". The 5 years full time medical training shall include a period of internship as approved by the Council.

2025(SS)

香港醫務委員會

2025年執業資格試 (第二次考試)

THE MEDICAL COUNCIL OF HONG KONG

2025 LICENSING EXAMINATION (SECOND SITTING)

表格 1A (新申請人適用)

Form 1A (for new applicants)

註冊為考生

Registration as Candidate

<input type="checkbox"/> 正式申請 Formal Application	<input type="checkbox"/> 臨時申請 Provisional Application	<input type="checkbox"/> 補交正式申請 Supplementary Formal Application
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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

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 全時間之醫學教育及資格

Part II Full-time Medical Education and Qualifications

(1) 全時間之大學本科醫學教育 Full-time Qualifying Medical Education

獲頒資格 1 (如適用) Qualification Awarded 1(if applicable)

院校名稱 Name of Institution					
地址 Address					
		(City)		(Country)	(Postal Code/Zip Code)
電話號碼 Tel. No.	/ / 國家號碼 區域號碼 country code area code	傳真號碼 Fax No.	/ / 國家號碼 區域號碼 country code area code		
就讀期間 Period Attended	至 to 日 Day 月 Month 年 Year 日 Day 月 Month 年 Year				
獲頒資格 Qualification Awarded	<input type="checkbox"/> MBBS <input type="checkbox"/> MB ChB <input type="checkbox"/> MD <input type="checkbox"/> 其他 Others _____				
頒發日期 Date Awarded	日 Day 月 Month 年 Year				

附交： 學科詳列成績表(公證影印本); 學位證書(公證影印本)
Attach: Transcript of studies (notarized photocopy); Degree certificate (notarized photocopy)

獲頒資格 2 (如適用) Qualification Awarded 2(if applicable)

院校名稱 Name of Institution					
地址 Address					
		(City)		(Country)	(Postal Code/Zip Code)
電話號碼 Tel. No.	/ / 國家號碼 區域號碼 country code area code	傳真號碼 Fax No.	/ / 國家號碼 區域號碼 country code area code		
就讀期間 Period Attended	至 to 日 Day 月 Month 年 Year 日 Day 月 Month 年 Year				
獲頒資格 Qualification Awarded	<input type="checkbox"/> MBBS <input type="checkbox"/> MB ChB <input type="checkbox"/> MD <input type="checkbox"/> 其他 Others _____				
頒發日期 Date Awarded	日 Day 月 Month 年 Year				

附交： 學科詳列成績表(公證影印本); 學位證書(公證影印本)
Attach: Transcript of studies (notarized photocopy); Degree certificate (notarized photocopy)

(2) 全時間之駐醫院實習 Full-time Internship Resident in Hospital

請列出全時間之駐醫院實習

Please list below any internship resident training in hospital on full-time basis

醫院名稱 Name of Hospital	職位 Position (e.g. intern, resident, houseman)	實習期 Period of Internship	
		日 d / 月 m / 年 y	日 d / 月 m / 年 y
		/ /	to / /
		/ /	to / /
		/ /	to / /

附交： 駐醫院實習證明書(公證影印本)

Attach: Internship/houseman certificates (notarized photocopy)

(3) 履歷表 CURRICULUM VITAE

附交： 履歷表 (包括醫科畢業後之進修及資格)
進修文憑及證書(公證影印本)

Attach: Curriculum vitae (including post-graduate medical training and qualification)
Post-graduate diplomas and certificates (notarized photocopy)

第三部分 報考2025年執業資格試(第二次考試)

Part III Application to Take 2025 Licensing Examination (Second Sitting)

本人現報考 2025 年執業資格試(第二次考試)的下列部分：

I apply to take the following part(s) of the 2025 Licensing Examination (Second Sitting):

<input type="checkbox"/>	第一部分：專業知識考試 Part I: Examination in Professional Knowledge
<input type="checkbox"/>	第二部分：醫學英語技能水平測驗 Part II: Proficiency Test in Medical English

- (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) 報考第三部分的考生，須另行填寫表格 2。
Application to sit for Part III should be made separately by completing Form 2
- (3) 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.

第四部分 品格
Part IV Character

(1) 犯罪紀錄 / 專業失當行為 Criminal 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 law enforcer / 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 as a medical practitioner in the following places (set out ALL places in which you have been registered as a medical practitioner):

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)

警告 WARNING

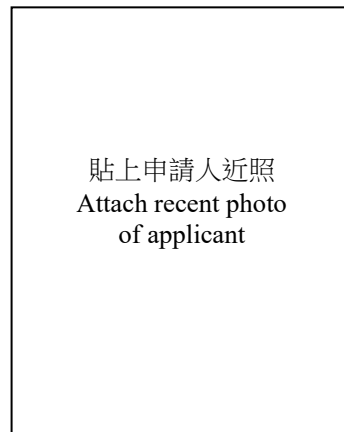
根據刑事罪行條例 (香港法例第 200 章), 在本聲明中作出任何虛假陳述, 屬可被判處監禁的刑事罪行。
Making a false statement in this declaration is a criminal offence punishable by imprisonment under the Crimes Ordinance (Chapter 200 of the Laws of Hong Kong).

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

第六部分 院校證明
Part VI Certification by Institution

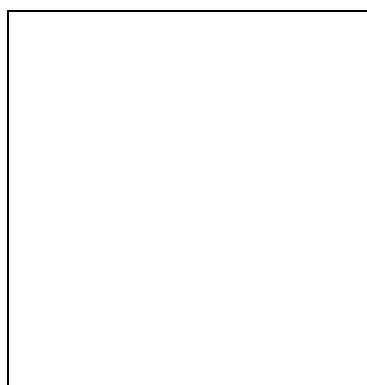
所有在上列第二部分(1)項所述資格的頒授院校，皆須填寫，並須由院校正式授權之職員簽署，及蓋上院校印章。
Should be completed by all institutions which conferred the qualification as indicated in Part II (1) above, and must be signed by an officer authorized by the institution and stamped with the official seal of the institution.

茲證明 _____ (申請人姓名)，出生日期為 _____，
在本校醫學院修讀，並圓滿地完成 _____ 年制全時間之 _____ (醫學課程的名稱)，
就讀日期由 _____ (年/月) 至 _____ (年/月)，考試及格，獲准畢業。
於 _____ (年/月) 獲頒授 _____ (資格)。

This is to certify that _____ (applicant's name) born on _____
attended the full-time _____ years of _____ (name of medical training programme)
in the medical school of this institution, during the period from _____ to _____ (month/year).
He/She satisfactorily completed the programme and fulfilled all the requirements for graduation.
He/She was awarded the _____ (qualification) in _____ (month/year).

本校全所醫學院，及申請人修讀之所有醫學課程，在上述期間所採用之主要教學語言為：
During the above period, the principal medium of instruction in the whole medical school and in the whole of the applicant's medical training programme was:

	英語 English	其他語言（請註明） Other language (please specify)
講課 Lectures	<input type="checkbox"/>	<input type="checkbox"/> _____
臨床教授/指導 Bedside teaching/tutorials	<input type="checkbox"/>	<input type="checkbox"/> _____
考試 Examinations	<input type="checkbox"/>	<input type="checkbox"/> _____
會議 Conferences	<input type="checkbox"/>	<input type="checkbox"/> _____



院校印章
Official Seal

簽署
Signature

姓名
Name

職位
Position

院校名稱
Name of Institution

聯絡電郵
Contact Email

日期
Date

第七部分 品格證明書 (1)
Part VII Character Reference (1)

本人擔保 _____ (申請人姓名) 品格良好。
本人並非申請人的律師、代理人或親屬。 本人願意提供與申請人相識詳情，及對其品格了解之細節。

I vouch that _____ (name of applicant) is of good character.
I am not his/her solicitor, agent or relative.
I am prepared to provide details about my acquaintance with him/her and my knowledge of his/her character.

諮詢人姓名 (全寫) _____ (教授/博士/先生/夫人/小姐/女士)
Name of Referee (in full) _____ (Prof / Dr / Mr / Mrs / Miss / Ms)

住址 _____
Residential Address _____

辦事處地址 _____
Office Address _____

電話號碼 _____ 電郵 _____
Tel. No. _____ Email _____

香港身份證 / 護照號碼 _____ (頭四個英文及數字)
HKID Card / Passport No. _____ (First 4-digit only)

國籍 _____
Nationality _____

專業 / 職業 _____ 已認識申請人 _____ 年
Profession / Occupation _____ Acquaintance for _____ years

關係 _____ 經常接觸 (是/否)
Relationship _____ Regular contact (Y/N) _____

本人有充分機會判斷申請人之品格。 是 否
I have sufficient opportunity of judging the applicant's character. Yes No

本人認為申請人適合參加香港醫務委員會的執業資格試。 是 否
I consider the applicant a fit and proper person to take the Licensing Examination of the Medical Council of Hong Kong. Yes No

對申請人之品格，本人之評語：
My comments on the applicant's character : _____

本人證實上述提供的資料為本人所知，真實無訛。
I certify that the above information supplied by me is, to the best of my knowledge, true and correct.

諮詢人簽署 _____ 日期 _____
Signature of Referee _____ Date _____

第七部分 品格證明書 (2)
Part VII Character Reference (2)

本人擔保 _____ (申請人姓名) 品格良好。
本人並非申請人的律師、代理人或親屬。 本人願意提供與申請人相識詳情，及對其品格了解之細節。

I vouch that _____ (name of applicant) is of good character.
I am not his/her solicitor, agent or relative.
I am prepared to provide details about my acquaintance with him/her and my knowledge of his/her character.

諮詢人姓名 (全寫) _____ (教授/博士/先生/夫人/小姐/女士)
Name of Referee (in full) _____ (Prof / Dr / Mr / Mrs / Miss / Ms)

住址 _____
Residential Address _____

辦事處地址 _____
Office Address _____

電話號碼 _____ 電郵 _____
Tel. No. _____ Email _____

香港身份證 / 護照號碼 _____ 國籍 _____
HKID Card / Passport No. _____ (頭四個英文及數字) (First 4-digit only) Nationality _____

專業 / 職業 _____ 已認識申請人 _____ 年
Profession / Occupation _____ Acquaintance for _____ years

關係 _____ 經常接觸 (是/否) _____
Relationship _____ Regular contact (Y/N) _____

本人有充分機會判斷申請人之品格。 是 否
I have sufficient opportunity of judging the applicant's character. Yes No

本人認為申請人適合參加香港醫務委員會的執業資格試。 是 否
I consider the applicant a fit and proper person to take the Licensing Examination of the Medical Council of Hong Kong. Yes No

對申請人之品格，本人之評語：
My comments on the applicant's character : _____

本人證實上述提供的資料為本人所知，真實無訛。
I certify that the above information supplied by me is, to the best of my knowledge, true and correct.

諮詢人簽署 _____ 日期 _____
Signature of Referee _____ Date _____

呈交文件核對清單

CHECKLIST OF SUPPORTING DOCUMENTS

- 醫科學位證書(公證影印本)
Certificate of medical qualifications (notarized photocopies)
- 學科詳列成績表(公證影印本)
(包括習醫前的學士學位及學士後之醫學學位，如適用)
Official transcripts of studies (notarized photocopies)
(including transcripts of pre-medical and post-graduate medical degrees, if applicable)
- 醫院實習證明書(公證影印本)
(須詳細列明每學科的實習日期)
Certificate of internship (notarized photocopies)
(setting out duration for each discipline)
- 香港居民身份證 / 護照 (公證影印本)
Hong Kong identity card / passport (notarized photocopies)
- 個人履歷表
Curriculum vitae
- 良好聲譽證明書 / 良好品格證明書 (正本) (此證明書並非表格 1A 的第七部份) Certificate of good standing / Certificate of good character (original) (This certificate is not the same as Part VII of Form 1A)

以掛號郵寄或親身送交：

香港醫務委員會執照組秘書處
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

To be delivered by **registered post or by hand** to:

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

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:

Licentiate Committee Secretariat
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處
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