

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

根據《醫生註冊條例》第7A(1)(b)(ii)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，並且作為適用於香港永久性居民的替代條件 — 該人持有的醫學資格，就《醫生註冊條例》第14C條而言屬獲承認醫學資格。」有關獲承認醫學資格的涵義，請參閱《醫生註冊條例》第14D條。

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

It is stipulated in section 7A(1)(b)(ii) 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 as an alternative for a Hong Kong permanent resident—that the person holds a medical qualification that is a recognized medical qualification for the purposes of section 14C of the Medical Registration Ordinance." For meaning of "recognized medical qualification", please see section 14D of the Medical Registration Ordinance.

2027(FS)

香港醫務委員會

2027年執業資格試 (第一次考試)

THE MEDICAL COUNCIL OF HONG KONG

2027 LICENSING EXAMINATION (FIRST SITTING)

表格 1B (新申請人適用)

Form 1B (for new applicants)

註冊為考生

Registration as Candidate

☐ 正式申請 Formal Application	☐ 臨時申請 Provisional Application	☐ 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 (須與香港永久性居民身份證相同) (Must match Hong Kong Permanent Identity Card)	/		
	(Family name)	(Given name)	Chinese name(if applicable) 中文 (如有)
香港永久性居民身份證號碼 Hong Kong Permanent Identity Card No.		或 or	香港特別行政區護照號碼 HKSAR Passport No.
出生日期 Date of Birth	日 Day	月 Month	年 Year
	年齡 Age		☐ 男 Male
			☐ 女 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 就《醫生註冊條例》第14C條而言屬獲承認的醫學資格
Part II The Recognized Medical Qualification for the Purposes of Section 14C of the Medical Registration Ordinance

獲頒資格 Qualification Awarded

本人是香港永久性居民，持有的醫學資格，就《醫生註冊條例》第14C條而言屬獲承認的醫學資格。詳細資料如下：
 I am a Hong Kong permanent resident holding a medical qualification that is a recognized medical qualification for the purposes of section 14C of the Medical Registration Ordinance. Details are as follows:

注意： 以下(a) 至 (f) 項所提供的資料**必須**與《醫生註冊條例》附表 1A 中指明的資料**一致** (如適用)。

Note: Information provided for items (a) to (f) below must tally with the information as specified in Schedule 1A to the Medical Registration Ordinance, if applicable.

頒發資格的院校 Awarding Institution	
(a) 頒授醫學資格的團體 Body Awarding Medical Qualification	
(b) 地方 Place	
(c) 分校(如適用) Campus (if applicable)	
(d) 獲頒醫學資格 Medical Qualification Awarded	
(e) 醫學課程的年制 Duration of Medical Programme	
(f) 教學語言 Medium of Instruction	
(g) 就讀期間 Period Attended	至 to 日 Day 月 Month 年 Year 日 Day 月 Month 年 Year
(h) 頒發日期 Date Awarded	日 Day 月 Month 年 Year
(i) 地址 Address	(City) (Country) (Postal Code/Zip Code)
(j) 電話號碼 Tel. No.	/ / 國家號碼 區域號碼 country code area code
(k) 傳真號碼 Fax No.	/ / 國家號碼 區域號碼 country code area code

附交： 學科詳列成績表(公證影印本);
 學位證書(公證影印本);
 香港永久性居民身份證 或 香港特別行政區護照(公證影印本)

Attach: Transcript of studies (notarized photocopy);
 Degree certificate (notarized photocopy);
 Hong Kong permanent identity card or HKSAR Passport (notarized photocopy)

第三部分 報考2027年執業資格試(第一次考試)

Part III Application to Take the 2027 Licensing Examination (First Sitting)

本人現報考 2027 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 2027 Licensing Examination (First Sitting):

☐	第一部分: 專業知識考試 Part I: Examination in Professional Knowledge
☐	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.

* 請以另頁列出詳情

不論是否被判處監禁

* Please set out full details on a separate sheet

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發出)

Submit: Certificate of good character (original) (issued by the dean of medical school)

- ☐ 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)

第五部分 法定聲明
Part V 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)

持有香港永久性居民身份證號碼 / 香港特別行政區護照號碼*
Holder of Hong Kong Permanent Identity Card No. / HKSAR Passport No. *

貼上申請人近照
Attach recent photo
of applicant

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 :

*請刪去不適用者 Please delete as appropriate

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:

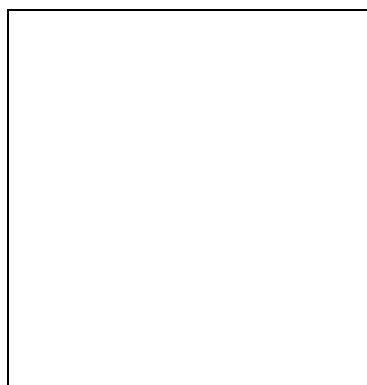
身份 : 監誓員 律師 太平紳士 公證人
Position: ☐ Commissioner for Oaths ☐ Solicitor ☐ Justice of the Peace ☐ Notary Public

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 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).



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) Name of Referee (in full)	_____	(教授/博士/先生/夫人/小姐/女士) (Prof / Dr / Mr / Mrs / Miss / Ms)
住址 Residential Address	_____	
辦事處地址 Office Address	_____	
電話號碼 Tel. No.	_____	電郵 Email _____
香港身分證 / 護照號碼 HKID Card / Passport No.	(頭四個英文及數字) (First 4-digit only)	國籍 Nationality _____
專業 / 職業 Profession / Occupation	_____	已認識申請人 Acquaintance for _____ 年 years
關係 Relationship	_____	經常接觸 (是/否) Regular contact (Y/N) _____

本人有充分機會判斷申請人之品格。
I have sufficient opportunity of judging the applicant's character.

☐ 是 ☐ 否
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。
I consider the applicant a fit and proper person to take
the Licensing Examination of the Medical Council of Hong Kong.

☐ 是 ☐ 否
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
Signature of Referee _____

日期
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) Name of Referee (in full)	_____	(教授/博士/先生/夫人/小姐/女士) (Prof / Dr / Mr / Mrs / Miss / Ms)
住址 Residential Address	_____	
辦事處地址 Office Address	_____	
電話號碼 Tel. No.	_____	電郵 Email _____
香港身分證 / 護照號碼 HKID Card / Passport No.	(頭四個英文及數字) (First 4-digit only)	國籍 Nationality _____
專業 / 職業 Profession / Occupation	_____	已認識申請人 Acquaintance for _____ 年 years
關係 Relationship	_____	經常接觸 (是/否) Regular contact (Y/N) _____

本人有充分機會判斷申請人之品格。
I have sufficient opportunity of judging the applicant's character.

☐ 是 ☐ 否
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。
I consider the applicant a fit and proper person to take
the Licensing Examination of the Medical Council of Hong Kong.

☐ 是 ☐ 否
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 Signature of Referee	_____	日期 Date	_____
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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)
Official transcripts of studies (notarized photocopies)
- ☐ 香港永久性居民身份證 或 香港特別行政區護照(公證影印本)
Hong Kong permanent identity card or HKSAR Passport (notarized photocopy)
- ☐ 良好聲譽證明書 或 良好品格證明書 (正本) (此證明書並非表格 1B 的第七部份)
Certificate of good standing or Certificate of good character (original) (This certificate is not the same as Part VII of Form 1B)

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：

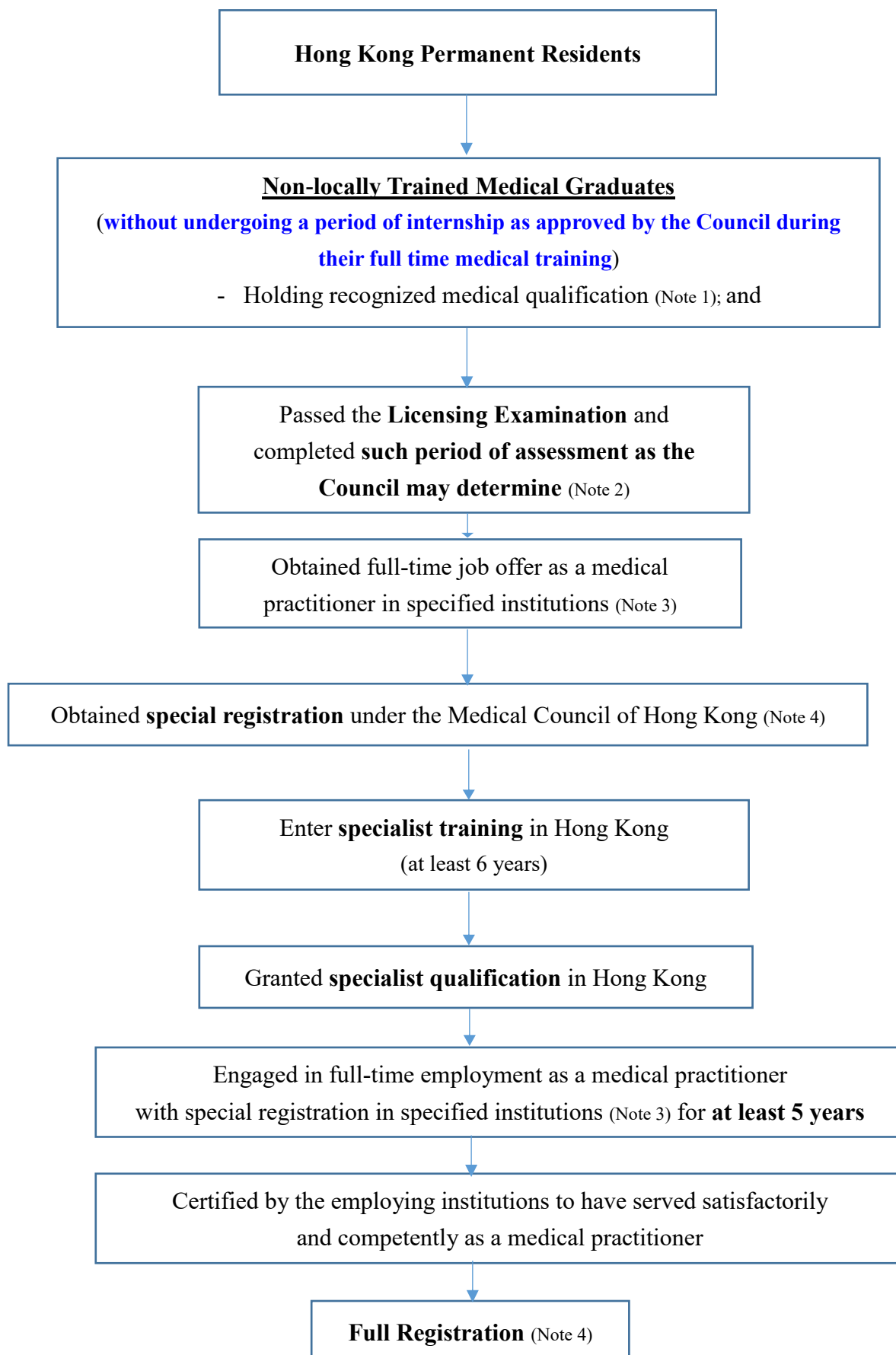
香港醫務委員會執照組秘書處
香港香港仔黃竹坑道 99 號
香港醫學專科學院賽馬會大樓 4 樓

**Information Note to Applicants for
the Licensing Examination of the Medical Council of Hong Kong
under Section 7A(1)(b)(ii) of the Medical Registration Ordinance**

Under sections 7A and 14D of the Medical Registration Ordinance (“MRO”), Chapter 161, the Laws of Hong Kong, non-locally trained medical graduates who are **Hong Kong permanent residents and hold the recognized medical qualifications but without undergoing a period of internship as approved by the Council during their full time medical training** are eligible to take the Licensing Examination (“LE”) in Hong Kong. Having passed the LE, candidates will be required to undergo a period of assessment. Provided that they are of good character and have good professional conduct and subject to their satisfactory completion of the period of assessment and having been selected for full-time employment as a medical practitioner with special registration in a specified institution (i.e. Department of Health, Hospital Authority, the University of Hong Kong and the Chinese University of Hong Kong) as listed in Schedule 1B to the MRO, they will be granted special registration and may be granted full registration eventually after serving in one or more than one specified institution with special registration under full-time employment for a total of at least five years after obtaining specialist qualification recognized or awarded by the Hong Kong Academy of Medicine.

The pathway for full registration of applicants applying to take the Licensing Examination as described under section 7A(1)(b)(ii) of the MRO and extracts of the relevant provisions in the MRO are at **Appendices 1 and 2** respectively for ease of reference.

**Pathway to Full Registration
for Applicants Applying to Take the Licensing Examination
as described under Section 7A(1)(b)(ii) of the Medical Registration Ordinance**



Note 1: For meaning of “recognized medical qualification”, please see section 14D of the Medical Registration Ordinance.

Note 2: Such period of assessment (not exceeding 12 months) has to be completed in a hospital or institution approved by the Council.

Note 3: “Specified institution” means an institution specified in Schedule 1B to the Medical Registration Ordinance.

Note 4: Subject to the requirements of good character and good professional conduct.

Extract of the Relevant Provisions of the Medical Registration Ordinance (“MRO”)

Section	Provision
7A	“Eligibility for taking Licensing Examination (1) No person shall be eligible to take the Licensing Examination unless — (a) the person makes an application in that behalf to the Council and pays to the Registrar a prescribed fee for taking the Licensing Examination; and (b) the person satisfies the Council that the person is of good character and — (i) 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; or (ii) as an alternative for a Hong Kong permanent resident—that the person holds a medical qualification that is a recognized medical qualification for the purposes of section 14C. (2) For the purpose of subsection (1)(b)(i), the 5 years full time medical training shall include a period of internship as approved by the Council.”
8(1)(ba)	“Qualification for registration under section 14 (1) A person is not qualified to be registered as a medical practitioner under section 14 unless — (ba) the person — (i) has been engaged in full-time employment as a medical practitioner with special registration in one or more than one specified institution (<i>employing institution</i>) for a total of at least 5 years (<i>service period</i>) after the earlier of the following— (A) the person was awarded a Fellowship of the Academy of Medicine in a specialty; (B) the person was certified by the Academy of Medicine to have completed the training, and obtained the qualification, comparable to that required of a Fellow in a specialty by the Academy; (ii) has been certified by the Academy of Medicine to have satisfied the continuing medical education requirements for the specialty during the service period; and

Section	Provision
	(iii) has been considered by the employing institution (or if there is more than one employing institution, all employing institutions) to have served satisfactorily and competently as a medical practitioner during the service period.”
10A	“Period of assessment (1) A person who has passed the Licensing Examination and who wishes to be registered as a medical practitioner under section 14 or 14C shall complete, to the satisfaction of the Council, such period of assessment as the Council may determine, not exceeding the prescribed period, in an approved hospital or in an approved institution. (2) The Council may reduce the period of assessment determined in the case of any person, or may extend the period so determined and any such extension of that period may require a period of assessment exceeding the prescribed period. (3) Where the Council is of the opinion that a person undergoing a period of assessment is unlikely to attain the professional standards required of a registered medical practitioner, the Council may terminate that person’s period of assessment. (4) In this section approved (認可), in relation to a hospital or institution, means approved by the Council for the purposes of this section.”
14C(3)&(10)	Special Registration “(3) The requirements for the grant of a special registration are that— (a) the person is a specified person; (b) the person has been selected for full-time employment as a medical practitioner with special registration in a specified institution; and (c) the person is of good character and has good professional conduct.” “(10) In this section— specified person (指明人士) means a person who falls within any of the following descriptions— (a) the person— (i) holds a recognized medical qualification; (ii) is registered under the law of a qualifying place as a medical practitioner in that place; and

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	(iii) for a person who is not a Hong Kong permanent resident— (A) has been awarded a Fellowship of the Academy of Medicine in a specialty, or has been certified by the Academy of Medicine to have completed the training, and obtained the qualification, comparable to that required of a Fellow in a specialty by the Academy; and (B) has been certified by the Academy of Medicine to have satisfied the continuing medical education requirements for the specialty; (b) the person— (i) took the Licensing Examination as a person described in section 7A(1)(b)(ii), and has passed the Licensing Examination; and (ii) has completed the period of assessment required under section 10A; (c) the person— (i) has been engaged in full-time employment as a medical practitioner with limited registration in one or more than one specified institution for a total of at least 5 years; (ii) has been awarded a Fellowship of the Academy of Medicine in a specialty, or has been certified by the Academy of Medicine to have completed the training, and obtained the qualification, comparable to that required of a Fellow in a specialty by the Academy; and (iii) has been certified by the Academy of Medicine to have satisfied the continuing medical education requirements for the specialty.”
14D	“Meaning of qualifying place and recognized medical qualification (1) For the purposes of paragraph (a) of the definition of <i>specified person</i> in section 14C(10), if, on the date a person enrolls on a programme that leads to the award of a medical qualification by a body (<i>material date</i>)— (a) that qualification is one specified in column 4 of Part 1 of Schedule 1A; and (b) that body is one specified in column 3 of that Part opposite that qualification, that qualification is, in relation to the person, a recognized medical qualification, and any place that on the material date is specified in column 2 of that Part is, in relation to the person, a qualifying place.

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	(2) Also, for the purposes of paragraph (a) of the definition of <i>specified person</i> in section 14C(10), if— (a) before the commencement date of the first notice, a person has already completed (or has already enrolled on, but yet to complete) a programme that leads to the award of a medical qualification by a body (<i>qualifying programme</i>); (b) that qualification is one specified in column 4 of Part 2 of Schedule 1A, and that body is one specified in column 3 of that Part opposite that qualification; and (c) if a year is specified in column 5 of that Part opposite that qualification—the person enrolled on the qualifying programme in or after that year, that qualification is, in relation to the person, a recognized medical qualification, and any place specified in column 2 of that Part is, in relation to the person, a qualifying place. (3) In subsection (2)— <i>first notice</i> (首份公告) means the notice published under section 14H(a) to amend Part 2 of Schedule 1A for the first time.”
Schedule 1B	“Specified Institutions 1. Department of Health 2. Hospital Authority 3. The University of Hong Kong 4. The Chinese University of Hong Kong”