香港中文大學醫院
CUHK
Medical Centre

Pioneering Solutions in Healthcare
開拓醫護新領域

Application Form for Admission Right and Clinical Privileges

Please submit the following documents together with the completed application form:

- ☐ Copy of Hong Kong Identity Card/Passport
- ☐ Application form on Scope of Clinical Practices (if applicable)
- ☐ Curriculum Vitae
- ☐ A reference letter from one of the medical doctors listed in Part VI
- ☐ Proof for Quotable Qualifications
- ☐ Licence/Certificate of Registration
- ☐ Certificate of Specialist Registration (if applicable)
- ☐ Valid Annual Practising Certificate
- ☐ Irradiating Apparatus Licence for purposes of Exposure of the Human Body (Use of X-Ray) (if applicable)
- ☐ Copy of medical indemnity insurance certificate/receipt. The coverage should commensurate with relevant specialty and scope of practices.
- ☐ Recent Photo (passport-sized)
- ☐ Name Card

Recent Photo

Part I Personal Particulars

English Name			
Chinese Name		**Sex**	☐F / ☐M
HKID No.		**Date of Birth**	
Nationality		**Car Plate No.**	
Cinic Address			
Clinic Tel. No.		**Clinic Fax No.**	
Residence Address			
Mobile No.		**Fax No.**	
E-mail Address			

Part II Contact Numbers for Clinical Emergency (with priorities)

During usual office hours	Outside office hours
1	1
2	2

Part III Quotable Qualifications (in chronological order)

Please provide only quotable qualifications and submit documentation proof.

Attained Year	Qualification	Institution	Country Issued

Part IV Specialty / Primary Care Training (in chronological order)

From	To	Hospital

Part V Employment Record (in chronological order)

From	To	Employer	Position	Department / Unit

Part VI Professional References

Name of Referee	Position	Contact No.	Email Address

Part VII Licence to Practice

Licence/Certificate Awarded by The Medical Council of Hong Kong	Registration No.	Registration Date (dd/mm/yyyy)
Licence/Certificate of Registration		
Certificate of Specialist Registration (if applicable) (Specialty in:)		
Irradiating Apparatus Licence (if applicable)		Valid until:
Annual Practising Certificate		Valid until:

Part VIII Professional Indemnity

Professional Indemnity Provider and Membership No:		/
Valid until (dd/mm/yyyy):		
Category of indemnity:		

Part IX Health Status

If answer to any of the following questions is "Yes", please give Full Details.

1. Do you presently have a physical or mental health condition, including alcohol or drug dependence, that may affect your ability to perform professional duties appropriately?
   ☐ No ☐ Yes, please specify: _____

2. Are you currently under care for a continuous health problem?
   ☐ No ☐ Yes, please specify: _____

3. Do you have annual checkup? (applicable for applicant aged seventy or above)
   ☐ No ☐ Yes, please specify: _____

Part X Application for Admission Right and Clinical Privileges

	Number Performed Within Past 2 Years	FOR HOSPITAL USE ONLY	
		Granted	Declined
☐ Admission of patients	N/A	☐	☐
☐ Anaesthesiology	N/A	☐	☐
☐ Cardiac Catheterization & Intervention	N/A	☐	☐
☐ Critical Care / Intensive Care	N/A	☐	☐
☐ Endoscopy: Bronchoscopy		☐	☐
☐ Endoscopy: Gastroscopy		☐	☐
☐ Endoscopy: Colonoscopy		☐	☐
☐ Endoscopy: Cystoscopy		☐	☐
☐ Endoscopy: ERCP		☐	☐
☐ Lithotripsy		☐	☐
☐ Neonatology	N/A	☐	☐
☐ Neurology	N/A	☐	☐
☐ Paediatrics	N/A	☐	☐
☐ Maternity	N/A	☐	☐
☐ OT: Surgical procedures relating to specialty	N/A	☐	☐
☐ OT: Minimally invasive surgical procedure	N/A	☐	☐
☐ OT: Spinal Surgery	N/A	☐	☐
☐ OT: Specified procedures: _____	N/A	☐	☐
☐ Radiotherapy	N/A	☐	☐
☐ Others (please specify): _____		☐	☐

Part XI Declaration

I hereby declare that:

i) I have read the Personal Information Collection Statement (For Application of Admission Right & Clinical Privileges) in Appendix 1, and consent that CUHK Medical Centre Limited (CUHKMC) is entitled to use my personal data as stated in the Statement;
ii) I have not violated any offence of professional misconduct nor convicted by the Medical Council of Hong Kong (MCHK); and I am not involved in any disciplinary inquiry nor hearing at the material time; and
iii) All statements on this application and all attached documents are true and correct to the best of my knowledge.

I understand that CUHKMC collects this information and may further solicit additional information so as to be informed of my previous personal and professional records.

I further understand and agree that:

i) any falsification or omission of facts by me may constitute to the disqualification of this application;
ii) the granting of the admission right and clinical privileges are at the full discretion of CUHKMC; and
iii) any professional misconduct or criminal behavior may be considered in future review of my admission right and clinical privileges by CUHKMC.

I undertake to do the following during my practice at CUHKMC:

i) at all times maintain a valid Medical Indemnity Insurance, the coverage of which shall commensurate with my specialty and scope of practices from time to time;
ii) inform CUHKMC in writing whenever there is any change in my personal data or information; and
iii) send my updated Annual Practising Certificate and Medical Indemnity Insurance Certificate to CUHKMC every year.

I further undertake to inform CUHKMC immediately of the following during my practice at CUHKMC:

i) when I become aware of any complaint to MCHK or other regulatory or governmental authority that involves professional misconduct or any enquiry made by MCHK or such authority relating to the said type of complaint of which I reasonably believe that I may be a subject or I am a subject; and
ii) any investigation or disciplinary inquiry or proceedings, any charge or conviction for healthcare related offence, or any offence that can reasonably impact the reputation of CUHKMC and/or my professional services at CUHKMC of which I am a subject.

I consent to allow CUHKMC, its auditors and/or its other designated persons to review and/or audit the clinical outcomes of patients under my care.

I understand that my signature and initials below will be captured in the Hospital Information System for verification of prescription orders and/or treatment for documentation.

Name in BLOCK Letters: _____

Signature: _____ Initials: _____ Date: _____

Notes:

1. Please send the completed application form together with the required documents to Human Resources Department via email to vms@cuhkmc.hk or mail to Human Resources Department, 12/F, CUHK Medical Centre, 9 Chak Cheung Street, Shatin, New Territories, Hong Kong.
2. Administrative processing normally takes 4-6 weeks. For enquiry, please contact Human Resources Department via email to vms@cuhkmc.hk
3. Letter of notification will be sent to the Applicant by email, informing result of CUHKMC's decision.
4. Privileges are granted on a 3-year basis and subject to renewal.

PERSONAL INFORMATION COLLECTION STATEMENT

(FOR APPLICATOIN OF ADMISSION RIGHT & CLINICAL PRIVILEGES)

1. Purpose of Collection

The personal data provided by you will be used by the CUHK Medical Centre (CUHKMC) to process your application for admission right and clinical privileges with CUHKMC and will be subject to audit as CUHKMC deems necessary.

2. Transfer of Personal Data

Your personal data held by CUHKMC will be kept strictly confidential, and will only be disclosed to authorised persons within CUHKMC for processing your application and/or may be transferred and disclosed to a third party nominated by CUHKMC and bound by a duty of confidentiality to assist with CUHKMC's review of your application.

3. Access and Correction of Personal Data

Under the Personal Data (Privacy) Ordinance, you have the right to request access to and correction of your personal data held by CUHKMC. Such request should be made in writing and addressed to:

Chief Human Resources
Officer Human Resources
Department 9 Chak Cheung
Street Shatin, New
Territories
Hong Kong

CUHKMC has the right to charge a reasonable fee for the costs related to your request for data access, as permitted under the Personal Data (Privacy) Ordinance.

4. Retention of Personal Data

Unsuccessful or incomplete applications will be kept no more than 6 months from the application date, and will be destroyed thereafter.

If your application is successful, relevant data will be disclosed to authorised persons within CUHKMC and/or captured in CUHKMC's systems to facilitate the execution of your admission right, clinical privileges and administration of related matters.

All information provided will be treated in strict confidence and used for the said purposes only.