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| To:  | Central Registration Office, Boards & Councils Office, Department of Health17/F, Wu Chung House, 213 Queen’s Road East, Wanchai, Hong Kong***(Please mark “Application for Recognition as an Advanced Practice Nurse” in the envelope)*** |

**Applications for Recognition as Advanced Practice Nurses**

 This is to confirm that the registered nurses as listed in Appendix have met all the requirements of the Nursing Council of Hong Kong (“the Council”) for recognition as advanced practice nurses, including the requirements of academic / professional qualifications and clinical experience in the relevant specialty area as required by the Council.

 The applications for recognition as advanced practice nurses are submitted on behalf of the applicants. One set of the following documents for each applicant is also enclosed:

1. a duly completed application form for recognition as an advanced practice nurse in Hong Kong;
2. a **true** **copy** of graduation certificate / transcripts of studies showing that the applicant concerned has obtained a Clinical Master in Nursing / Health Science in the related specialty, or a Master degree in health related stream, and where applicable, a **true copy** of the qualifications assessment report issued by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications, **certified** by our organisation;
3. a **true copy** of proof of completion of the training programme, i.e. Post-registration Certificate Course (“PRCC”) / Hospital Authority’s Specialty Nurse Recognition Scheme Certificate / recognised in-service training for at least 80 hours, **certified** by our organisation, if any;
4. a **true copy** of diploma of fellowship of the Hong Kong Academy of Nursing (“HKAN”) **certified** by the HKAN / our organisation, if any;
5. **original and/or true copy** of documentary proof(s) certifying that the applicant possessed six years of full time post-registration nursing experience immediately prior to his/her application in which at least the most recent four years must be serving in the related specialty area, **issued and/or certified** by the applicant’s employer(s); and
6. an **original** declaration form completed not more than six months before the application for recognition.

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| Signature: |  |
| Name:  |  |
| Name of organisation: |  *(in block letters)* |
| Position: |  |
| Date : |  |

*(Last updated in May 2021)*

**Appendix**

**List of Applicants Qualified for Recognition as Advanced Practice Nurses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name in English** | **Name in Chinese** | **Year of Registration** | **Specialty Code** **Note 1** | **Academic /** **Professional Qualifications****Note 2** | **Clinical Experience****in the relevant specialty area****Note 3****(e.g. 7 Y 3 M)** |
| 1 |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |

**Notes:**

1. Please fill in the specialty code with reference to the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Specialty** | **Specialty Code** | **Specialty** | **Specialty Code** |
| Cardiac Nursing | N01 | Community, Primary and Public Health Nursing | N02 |
| Critical Care Nursing | N03 | Education and Research in Nursing | N04 |
| Emergency Care Nursing | N05 | Gerontology Nursing | N06 |
| Gynaecology Nursing | N07 | Infection Control in Nursing | N08 |
| Management in Nursing | N09 | Medical Nursing | N10 |
| Mental Health Nursing | N11 | Oncology Nursing | N12 |
| Orthopaedic Nursing | N13 | Paediatric Nursing | N14 |
| Perioperative and Anaesthesia Nursing | N15 | Surgical Nursing | N16 |

1. Please fill in either (a), (b) or (c) with reference to the following:
2. the applicant has obtained a post-RN registration Clinical Master in Nursing / Health Science in related specialty; or
3. the applicant has obtained a post-RN registration Master degree in health related stream AND completed the Post-registration Certificate Course (“PRCC”) / Hospital Authority’s Specialty Nurse Recognition Scheme Certificate / recognised in-service training for at least 80 hours; or
4. the applicant is a fellow of HKAN or equivalent.
5. Please fill in the total number of years of full time post-registration clinical experience in the relevant specialty area of the applicants in the format of “xx Years xx Months” as at the month of application.