

To: Central Registration Office, Boards & Councils Office, Department of Health  
17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong  
(please mark "Application for Full Registration / Enrolment" in the envelope)

**Application for Full Registration / Enrolment**

This is to confirm that the nursing graduates as listed in Appendix have satisfactorily completed \_\_\_\_\_,

*(name of the accredited nursing programme)*

met all the statutory and Council's requirements for full registration/enrolment\*, including the minimum theoretical and clinical training hours as required by the Council, and passed the clinical assessments as required by the Council and all requisite examinations of the Programme.

The applications for full registration/enrolment\* are submitted on behalf of the graduates. One set of the following documents for each graduate is also enclosed:

- (a) an **original** completed application form for full registration/enrolment as a nurse trained in Hong Kong;
- (b) an **original** testimonial as to character completed preferably by a resident of standing in Hong Kong completed not more than six months before the application for full registration/enrolment is to be received by the Nursing Council of Hong Kong ("the Council");
- (c) an **original** declaration of criminal conviction and unprofessional conduct completed not more than six months before the application for full registration/enrolment is to be received by the Council;
- (d) an **original** certificate of health completed by a registered medical practitioner within the meaning of the Medical Registration Ordinance not more than six months before the application for full registration/enrolment is received by the Council;
- (e) an **original or true copy** of the certificate/transcript of studies issued and certified (if not original) by the school certifying that the graduate concerned has satisfactorily completed the Programme as approved by the Council in support of the claim for qualification for full registration/enrolment;
- (f) an **original** record of training and clinical assessment **certified** by the authority of the school;
- (g) a **true copy** of the Hong Kong Identity Card/Passport **certified** by the authority of the school;
- (h) two unmounted passport-size photographs taken not more than two years before the application for full registration/enrolment is received by the Council and with the graduate's name printed at the back for easy identification; and
- (i) payment of the fees for full registration/enrolment and practising certificate.

Official  
School Chop

Signature of School Head: \_\_\_\_\_

Name of School Head: \_\_\_\_\_

*(in block letter)*

Date: \_\_\_\_\_

**\* Please delete where inappropriate.**

**List of Nursing Graduates Qualified for Full Registration / Enrolment\***

**\* Please delete where inappropriate.**

	Name in English	Name in Chinese	Identity Card No.	Total Training Hours Completed	
				Theoretical Hours	Clinical Hours
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					