

The Nursing Council of Hong Kong
Application for Limited Registration/Enrolment (General)
under the Nurses Registration Ordinance, Cap. 164
(for nurses trained outside Hong Kong)

VERIFICATION OF TRAINING DETAILS
(GENERAL NURSING)

(to be completed by School Principal/Course Leader of Nursing School/Training Institute)

To: The Secretary, Nursing Council of Hong Kong
 1/F, Shun Feng International Centre
 182 Queen's Road East
 Wanchai, Hong Kong
 Email: nc@dh.gov.hk

Please fill in this form in print or typed letters in ENGLISH.

Name of student: (Surname) _____ (Given name) _____

Date of birth: _____ Gender: Male/Female^
 (DD/MM/YYYY)

Name of school/training institute: _____

Address of school/training institute: _____

Name of nursing programme: _____

Duration: _____ years

Commencement date: _____ Completion date: _____
 (DD/MM/YYYY) (DD/MM/YYYY)

Mode of study* : Full-time ☐ Part-time ☐
 Distance Learning ☐ Others ☐ _____ (please specify)

Equivalent to a western nursing programme*: Yes ☐ No ☐

^ Please delete as appropriate.

* Please put a "✓" in the appropriate box.

Record of Theoretical Instruction Hours (Including Laboratory Hours)

Subject Areas	
Part A General Nursing	
1. Concepts of Health/Health Care:	<ul style="list-style-type: none"> ● Primary Health Care ● Health Care Delivery System ● Personal & Communal Health/Personal & Community Health
2. Social and Behavioural Sciences:	<ul style="list-style-type: none"> ● Psychology (including Spiritual Aspects) ● Sociology

3.	Biological/Integrated Sciences: <ul style="list-style-type: none"> ● Anatomy & Physiology, Growth & Development ● Microbiology ● Pharmacology ● Nutrition & Dietetics
4.	Introduction to Nursing Management: <ul style="list-style-type: none"> ● Principles of Management ● Decision Making & Problem Solving ● Planning and Organisation, Introduction to Ward Management & Hospital Administration ● Leadership ● Interpersonal Skills ● Communication Skills ● Preparation for the Roles of Nurses & Nurse Managers ● Health Informatics
<p style="text-align: right;">Total Training Hours of Part (A) ^{Note 1}: _____ Clock Hours</p> <p style="text-align: center;">or</p> <p style="text-align: right;">_____ Units</p>	
Part B Professional Nursing Practice	
1.	Professional Nursing: <ul style="list-style-type: none"> ● History of Nursing ● Philosophy and Nursing Theories/Models ● Ethics and Professional Issues ● Legal Aspects ● Nursing Research
2.	Principles & Practice of Nursing: <ul style="list-style-type: none"> ● Basic Nursing Skills ● First Aid/Emergency Nursing ● Introduction to Operation Theatre/Anaesthesiological Nursing ● Illness prevention and health restoration of clients with alteration in various body system functions, including: <ul style="list-style-type: none"> - Preventive/Promotive/Rehabilitative Care - Nursing Process and Nursing Diagnosis - Health Assessment - Medical, Surgical Nursing - Radiotherapy, Physiotherapy, Occupational and Speech Therapy - Introduction to Oncology and Hospice Care - Health Teaching/Learning, Patient Education
	<ul style="list-style-type: none"> ● Child Health/Paediatric and Adolescent Nursing ● Modern Chinese Medicine Nursing/Complementary Alternative Medicines

3.	Specialty Nursing: <ul style="list-style-type: none"> ● Obstetric Nursing ● Elderly Health Nursing ● Community Nursing ● Psychiatric Nursing
Total Training Hours of Part (B) ^{Note 1} : _____ Clock Hours or _____ Units	
<i>(For reference : The training hours of professional nursing practice is expected at least 720 clock hours for pre-registration nursing programmes and 30 clock hours for pre-enrolment nursing programmes)</i>	
Grand Total (Part A+ Part B): _____ Clock Hours or _____ Units	
<i>(For reference : The grand total of training hours (Part A + Part B) is expected at least 1,250 clock hours for pre-registration nursing programmes and 780 clock hours for pre-enrolment nursing programmes)</i>	

Record of Clinical Experience

Part A General Nursing	
1.	Medical Nursing (e.g. General Medicine, Dermatology, Infectious Disease, Oncology and Hospice Nursing, etc.)
2.	Surgical Nursing (e.g. General Surgery, Anaesthesiology, Neurosurgery, Cardiothoracic Surgery, Gynaecology, Ophthalmology, ENT, Orthopaedic, Traumatology, Operation Theatre & Recovery Room, etc.)
3.	Paediatric and Adolescent Nursing
4.	Accident & Emergency Nursing
5.	General Out-patient Service
6.	Others
Total Training Hours of Part (A) ^{Note 1} : _____ Clock Hours or _____ Units	

Part B Specialty Nursing	
1.	Obstetric Nursing
2.	Gerontological Nursing
3.	Community Nursing
4.	Psychiatric Nursing
Total Training Hours of Part (B) ^{Note 1:} _____ Clock Hours <div style="text-align: center; margin: 5px 0;">or</div> <div style="text-align: right;">_____ Units</div>	
Grand Total (Part A+ Part B): _____ Clock Hours <div style="text-align: center; margin: 5px 0;">or</div> <div style="text-align: right;">_____ Units</div>	
<i>(For reference : The grand total of training hours (Part A + Part B) of clinical experience is expected at least 1,400 clock hours for pre-registration nursing programmes and 1,600 clock hours for pre-enrolment nursing programmes)</i>	

If the above records are not specified in terms of clock hours, please specify the unit below:

Time unit for record of theoretical instruction: _____ (1 unit = _____ minutes)

Time unit for record of clinical experience: _____ (1 unit = _____ minutes)

I confirm that the applicant has completed the required period of training in this country/state, passed all parts of the examination to qualify for registration/enrolment[^], if so required, and the above record is correct.

Signature of School Principal/Course Leader ^{Note 2:} _____

Full name in block letters ^{Note 2:} _____

Date: _____
(DD/MM/YYYY)

Please stamp the official seal of your school/training institute in the space provided.

Seal ^{Note 3}

[^] Please delete as appropriate.

Remarks:

Note 1: Please send the following documents together with the duly completed form in an official and sealed envelope of your school/training institute or by email via your official email account DIRECTLY to the SECRETARY, NURSING COUNCIL OF HONG KONG:

- (a) Full original transcript (including the course code, full name of the subject, grade/result of each subject attended) in English/Chinese or in other languages with an official/certified ENGLISH translation; and
- (b) Record of the “**theoretical training in clock hours and clinical experience in clock hours**” (if in weeks, the number of hours per week should be stated).

Note 2: This document must be duly signed by the School Principal/Course Leader with his/her full name, or it will be regarded as invalid.

Note 3: The official seal of the school/training institute must be provided, or this document will be regarded as invalid.