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**NURSING COUNCIL OF HONG KONG**

**Manual on  
Mandatory Continuing Nursing Education System**

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**August 2026**

## **Preamble**

The Nursing Council of Hong Kong (“the Council”), as the statutory body responsible for regulating the nursing profession in Hong Kong, has established an accreditation system to govern the standard and quality of Continuing Nursing Education (“CNE”).

Prior to the implementation of the mandatory CNE system, the Council operated the CNE system on a voluntary basis since November 2006.

The Nurses Registration (Amendment) Ordinance 2024 was enacted on 26 July 2024 in Hong Kong, introducing mandatory CNE requirements for both registered nurses (“RNs”) and enrolled nurses (“ENs”) to strengthen professional competency. With the implementation of the mandatory system, fulfilment of the CNE requirement will be a prerequisite for RNs and ENs who seek to renew their practising certificates. In this connection, the Council has decided that the first mandatory CNE cycle to run from 1 July 2026 to 30 June 2029, ending six months before the start date of the next practising certificate taking effect on 1 January 2030, i.e. the first practising certificate to be renewed under the mandatory system. The same pattern follows for practising certificate to be renewed subsequently, i.e. the CNE cycle will commence 3.5 years before the start date of the next practising certificate concerned. Non-compliance with the requirement will result in the non-issuance of a valid practising certificate; and the individual will not be permitted to practise nursing in Hong Kong.

This manual outlines the overall structure of the mandatory CNE system and the Council’s accreditation system for CNE Providers and CNE Administrators, with which all nurses, CNE Providers, and CNE Administrators must comply. The respective role of CNE Providers and CNE Administrators are detailed in Section 1, paragraph 1.6 (page 6).

The Council retains exclusive and absolute discretion to amend, modify, supplement, or rescind any provision of this manual, in whole or in part, at any time and without prior notice, as it deems necessary or appropriate. Any such updates shall become immediately effective and binding upon publication.

## **Table of Contents**

Page

### **Section 1: Overall Structure of Mandatory CNE System**

|                                                           |    |
|-----------------------------------------------------------|----|
| 1. Introduction.....                                      | 6  |
| 2. Overview of the Mandatory CNE System .....             | 7  |
| 3. CNE Cycle and CNE Points Requirements .....            | 8  |
| 4. Types of Recognised CNE Activities / Programmes .....  | 10 |
| 5. Criteria for Awarding CNE Points.....                  | 12 |
| 6. CNE Record and Renewal of Practising Certificate ..... | 15 |
| 7. Failure to Acquire the Required CNE Points.....        | 18 |
| 8. Record Audit for Individual Nurses.....                | 21 |

\*\*\*

### **Section 2: Accreditation as CNE Providers and CNE Administrators**

|                                                                  |    |
|------------------------------------------------------------------|----|
| 1. Purposes of Accrediting CNE Providers and Administrators..... | 22 |
|------------------------------------------------------------------|----|

#### **Chapter I for CNE Providers**

|                                                                             |    |
|-----------------------------------------------------------------------------|----|
| 2. Overview of the Accreditation System for CNE Providers .....             | 23 |
| 3. Operation and Governing Mechanisms of the Accredited CNE Providers ..... | 24 |
| 4. Responsibilities of CNE Providers .....                                  | 25 |
| 5. Accreditation Criteria for CNE Providers.....                            | 30 |
| 6. The Application Process for CNE Providers .....                          | 32 |

## Chapter II for CNE Administrators

|                                                                                 |    |
|---------------------------------------------------------------------------------|----|
| 7. Overview of the Accreditation System for CNE Administrators .....            | 34 |
| 8. Operation and Governing Mechanisms of the Accredited CNE Administrators..... | 36 |
| 9. Responsibilities of CNE Administrators.....                                  | 37 |
| 10. Accreditation Criteria for CNE Administrators .....                         | 41 |
| 11. The Application Process for CNE Administrators.....                         | 43 |

## Chapter III Reporting Organisation Changes and the Control and Monitoring System

|                                               |    |
|-----------------------------------------------|----|
| 12. Reporting of Organisational Changes ..... | 45 |
| 13. The Control and Monitoring System .....   | 46 |

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|                                                                                                                            |    |
|----------------------------------------------------------------------------------------------------------------------------|----|
| 1. Annex A: Declaration Form.....                                                                                          | 47 |
| 2. Annex B: Notification to CNE Administrator upon Submission of Practising Certificate Renewal .....                      | 48 |
| 3. Annex C: Personal Continuing Nursing Education Records (Sample) .....                                                   | 49 |
| 4. Annex D: Application Form for Accreditation / Re-accreditation as a Provider of Continuing Nursing Education .....      | 51 |
| 5. Annex E: Application Form for Accreditation / Re-accreditation as an Administrator of Continuing Nursing Education..... | 60 |
| 6. Annex F: Form for Reporting Organisational Changes for Accredited CNE Provider / Administrator .....                    | 72 |
| 7. Annex G: Continuing Nursing Education (CNE) Log Sheet – Personal CNE Records (Sample) .....                             | 76 |
| 8. Annex G1: Cumulative Continuing Nursing Education (CNE) Points within a CNE Cycle (Sample) .....                        | 78 |

|     |                                                                                                                                                                                                                                                                    |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 9.  | Annex H: Notification to Nursing Council of Hong Kong on (Part A) Recognition of CNE Points for Non-local Activities Not on the Council's Pre-approved List OR (Part B) Non-local Programmes / Activities Requiring Professional Development Committee Advice..... | 79 |
| 10. | Annex I: Continuing Nursing Education (CNE) Summary Log Sheet for Cumulative CNE points for Individual Nurses (Sample) .....                                                                                                                                       | 80 |
| 11. | Annex J: Continuing Nursing Education (CNE) Provider Activity – Record Template to Update CNE Administrator (Sample) .....                                                                                                                                         | 81 |
| 12. | Annex K: Continuing Nursing Education (CNE) Provider Activity – Template of Certificate of Attendance (Sample) .....                                                                                                                                               | 82 |

# **NURSING COUNCIL OF HONG KONG**

## **Manual on Mandatory Continuing Nursing Education (CNE) System**

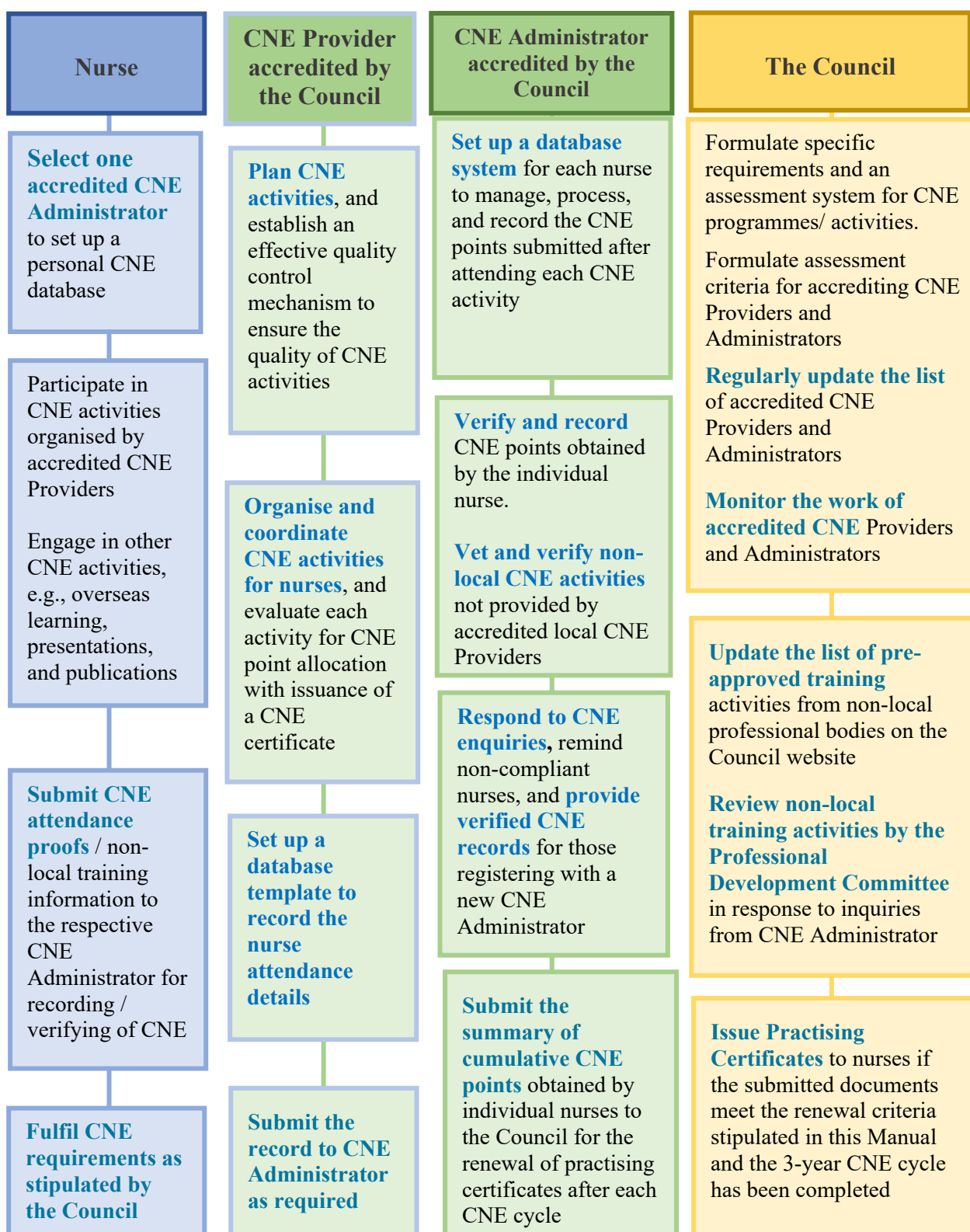
### **Section 1: Overall Structure of Mandatory CNE System**

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#### **(1) Introduction**

- 1.1 All nurses should be personally responsible for maintaining their competence in fulfilling the evolving roles and functions entrusted to them.
- 1.2 Following their initial preparation for registration or enrolment, nurses should continue to update and develop their knowledge and skills through continuing education, as healthcare work is continually influenced by advances in science and technology, re-organisation of resources, and changes in demographics and societal needs. Nursing education is a continuum that does not end with registration or enrolment; it is a lifelong process and is fundamental to the development of the profession.
- 1.3 The Council is responsible for regulating nursing practice to safeguard public's right to quality healthcare. To enhance the quality of nursing care, the Council mandates that nurses participate in CNE. CNE refers to any post-registration/post-enrolment educational activity or experience that is specific to nursing or healthcare, and aims to enhance professional competence and improve the quality of care. CNE is calculated using a point system.
- 1.4 This section outlines the mandatory CNE as a requirement for nursing practice, including the relevant mechanisms and regulations, as well as the guidelines set by the Council for its practical implementation. All nurses should familiarise themselves with this manual before participating in CNE activities.
- 1.5 To facilitate compliance with the mandatory CNE requirement, certain reputable professional and / or statutory organisations will need to assume the roles of CNE Providers and CNE Administrators.
- 1.6 CNE Providers are responsible for planning and delivering high-quality training programmes and learning activities, while CNE Administrators are responsible for verifying and submitting CNE information reported by RNs / ENs to the Council before the end of each CNE cycle for the renewal of their practising certificates.

## (2) Overview of the Mandatory CNE System



### **(3) CNE Cycle and CNE Points Requirements**

- 3.1 A practising certificate is normally valid for three years, from 1 January of the first year to 31 December of the third year. A CNE cycle commences on 1 July, i.e., six months before the issue of the following practising certificate, and concludes on 30 June of the third year, six months before the issue of the next practising certificate. Within each three-year CNE cycle, the Council requires 45 CNE points for all RNs with full, special or limited registration, and 30 points for all ENs with full, special or limited enrolment. Nurses must allow sufficient processing time when renewing their practising certificate to avoid a lapse in licensure. The renewal application and declaration form (attached as **Annex A**) must be submitted to the Council within a designated period. Upon submission of the renewal application, nurses must also notify their CNE Administrators before the end of the CNE cycle (attached as **Annex B**) for the preparation and submission of the cumulative CNE summary log sheet to the Council.
- 3.2 For newly registered RNs / enrolled ENs and those who obtained the first practising certificate following successful restoration, a prorated reduction in the required number of CNE points will be allowed.
- 3.3 The following examples are provided for reference:
- Scenario 1: A person with RN registration holds a practising certificate valid for the period from 1 January 2027 to 31 December 2029. His / her CNE cycle spans from 1 July 2026 to 30 June 2029. The minimum number of CNE points he / she must earn during his/her CNE cycle is 45.
  - Scenario 2: A person with EN enrolment holds a practising certificate valid for the period from 1 January 2028 to 31 December 2030. His / her CNE cycle spans from 1 July 2027 to 30 June 2030. The minimum number of CNE points he / she must earn during this 3-year period is 30.
  - Scenario 3: A person eligible for RN registration is newly registered on 1 August 2027. His / her first practising certificate is valid from 1 August 2027 to 31 December 2029. His / her CNE cycle is from 1 August 2027 to 30 June 2029. The minimum number of CNE points he / she must accumulate during this 23-month period is 28.75 (rounded up to 29).



3.4 The table below illustrates the prorated CNE points required for newly registered RNs / ENs in their first-ever CNE cycle and for those who obtained the first practising certificate following successful restoration. (CNE cycle starts on 1 July of each year and concludes on 30 June of the practising certificate expiry year)

| Start date of first practising certificate | Number of months to attain the CNE points | Required CNE points - RN | Required CNE points - EN |
|--------------------------------------------|-------------------------------------------|--------------------------|--------------------------|
| 1 to 31 January                            | 30                                        | 38                       | 25                       |
| 1 to 28 / 29 February                      | 29                                        | 37                       | 25                       |
| 1 to 31 March                              | 28                                        | 35                       | 24                       |
| 1 to 30 April                              | 27                                        | 34                       | 23                       |
| 1 to 31 May                                | 26                                        | 33                       | 22                       |
| 1 to 30 June                               | 25                                        | 32                       | 21                       |
| 1 to 31 July                               | 24                                        | 30                       | 20                       |
| 1 to 31 August                             | 23                                        | 29                       | 20                       |
| 1 to 30 September                          | 22                                        | 28                       | 19                       |
| 1 to 31 October                            | 21                                        | 27                       | 18                       |
| 1 to 30 November                           | 20                                        | 25                       | 17                       |
| 1 to 31 December                           | 19                                        | 24                       | 16                       |

#### **(4) Types of Recognised CNE Activities / Programmes**

4.1 CNE activities / programmes undertaken by nurses should be relevant to their nursing practice of registration or enrolment and must fall within one or any combination of the following broad categories:

- Care enhancement e.g., counselling, therapeutic skills;
- Health education and health promotion;
- Specialty development;
- Education development;
- Technological advances in clinical practice;
- Evidence-based practice;
- Research or research-related activities;
- Leadership and management in nursing.

4.2 Nurses can participate in CNE activities offered by CNE Providers accredited by the Council, which are authorised to award CNE points, and / or activities approved by the Council for recognition of CNE points. When selecting CNE activities, nurses should consider factors including, but not limited to, the following:

- Identifying own strengths, weaknesses, and areas requiring further development;
- Obtaining feedback from supervisors and / or peers;
- Identifying learning activities for self-improvement and ensuring feasibility for accomplishment;
- Actualising the identified activities; and
- Evaluating the actions taken.

4.3 The Council may recognise non-local training courses, programmes, and learning events (e.g., conferences and workshops) if they enhance or advance nurses' knowledge and skills relevant to their practice. A pre-approved list of non-local professional bodies and / or learning activities offering CNE opportunities will be

prepared by the Professional Development Committee (“PDC”) of the Council. Learning activities awarded with CNE / Continuing Professional Education (“CPE”) / Continuing Professional Development (“CPD”) by respective non-local professional organisation or statutory authority will be reciprocally recognised, where appropriate. For non-local training courses other than the aforementioned, prior written endorsement to participate in such activities must be obtained from applicant(s)’ Hong Kong employer(s), regardless of whether there is official time relief or sponsorship for claiming CNE points. Or other non-local learning activities may be considered if they are relevant to one’s scope of nursing practice, or are required by unforeseen circumstances (e.g., pandemic preparedness). These activities are subject to review by the CNE Administrator and / or the PDC. Nurses should notify their CNE Administrator at least two months prior to commencement of such activities for assessment of the CNE points to be awarded. A maximum of 9 CNE points for RNs and a maximum of 6 CNE points for ENs, can be obtained from non-local learning activities within each three-year CNE cycle.

- 4.4 An updated list of accredited Providers of CNE activities in Hong Kong, and the list of pre-approved non-local professional bodies and / or learning activities offering CNE opportunities, is available on the Council’s website at <https://www.nchk.org.hk>.

**(5) Criteria for Awarding CNE Points**

- 5.1 CNE points may be awarded for participation in learning activities offered by accredited CNE Providers, including courses, seminars, workshops, structured in-house group discussions, and e-learning in various formats—such as traditional lectures, videotapes, or other systems or devices. These activities should provide opportunities for participants to engage with the course instructor or presenter through inquiries. A minimum duration of one hour is required for any allocation of CNE point.
- 5.2 The CNE system has been designed to be flexible, allowing nurses to acquire CNE points in a time-efficient and cost-effective manner. The Council, having taken into consideration the need for nurses to have a variety of accesses by which they can meet the CNE requirement, permits various methods of learning other than simply attending conventional lecture-based courses. Professional or academic activities, such as undertaking accredited college or university-level education or training, engaging in research work, writing and publishing articles and books, attending practice visits to hospitals or health care institutions, giving talks and seminars, and participating in learning events such as workshops and conferences relevant to their role / scope of practice, are also acceptable CNE activities. To support accreditation of such activities, nurses should retain appropriate evidence such as copies of publications, books, letters of acceptance, signed letters, learning outcomes of learning activities / events, notes, observations and outcomes, and certificates of attendance or completion as records of CNE activities. Nevertheless, lectures / presentations / activities that form part of / wholly the nurses' job / duties will not be eligible for CNE points.
- 5.3 For nurses who are also Registered Midwives, the Continuing Education in Midwifery ("CEM") activities for midwives and CEM points shall be reciprocally recognised, where appropriate. CNE points obtained may be counted towards the renewal of multiple practising certificates held by the same individual, provided that the nurse holds more than one registration or enrolment status and that the points fall within the respective CNE cycles. However, CNE points obtained outside the relevant CNE cycle, or used to meet additional point requirements arising from late attainment of CNE points or late submission of a renewal application, or for the purpose of restoration of another registration or enrolment status, will NOT be accepted for the renewal of practising certificates.

5.4 The allocation of CNE points for various learning activities / programmes is set out in the accompanying CNE points conversion table, which provides guidance on point allocation based on the type and duration of each activity.

**Conversion Table for CNE Point(s)**

| Number of CNE points awarded | Type of activities with CNE point(s)                                                                                                                                                                                                  |                                                           |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1                            | Each hour of a learning activity                                                                                                                                                                                                      |                                                           |
| 1                            | Any 2-hour clinical practicum / structured visit to hospitals or health care institutions                                                                                                                                             |                                                           |
| 20                           | One research project with publication in professional journal                                                                                                                                                                         | Principal researcher                                      |
| 10                           |                                                                                                                                                                                                                                       | Co-researcher                                             |
| 10                           | Author of an article published in professional journal                                                                                                                                                                                | First author                                              |
| 5                            |                                                                                                                                                                                                                                       | Co-author                                                 |
| 30                           | Author / editor of a published book on nursing / health-care related areas                                                                                                                                                            | Sole author / editor                                      |
| 15                           |                                                                                                                                                                                                                                       | Joint author / editor                                     |
| 10                           | Author / editor of a chapter of a published book on nursing / health-care related areas                                                                                                                                               | Author / editor                                           |
| 5                            |                                                                                                                                                                                                                                       | Joint author / editor                                     |
| 5                            | Each oral presentation in nursing / health-care related scientific conference                                                                                                                                                         | Presenting author                                         |
| 4                            |                                                                                                                                                                                                                                       | Co-author / joint author (not listed as the first author) |
| 3                            | Each poster presentation in nursing / health-care related scientific conference                                                                                                                                                       | First / sole author                                       |
| 2                            |                                                                                                                                                                                                                                       | Co-author / joint author                                  |
| 1                            | Each oral presentation (irrespective of length of the presentation) at an approved CNE course / seminar<br><br><u>If the lectures/presentations that are part of an educator's job expectation cannot be used to earn CNE points.</u> |                                                           |

### **Conversion table for CNE point(s) - Non-local Learning Activity**

A **maximum of 9 CNE points** for RNs and a **maximum of 6 CNE points** for ENs, can be gained by undertaking non-local learning activities within each 3-year CNE cycle. (Refer to Section 1, point 4.3)

| <b>Number of CNE points awarded</b> | <b>Type of non-local learning activities - <i>Conference / Seminar / Workshop / Training Course / Clinical Practicum / Structured visit</i></b> |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                   | Each hour of a learning activity - <i>Conference / Seminar / Workshop / Training Course</i>                                                     |
| 1                                   | Any 2-hour clinical practicum / structured visit to hospitals or health care institutions                                                       |

- 5.5 To prevent "double counting" and to ensure that nurses engage in new learning activities to maintain their competency and remain up to date with best practices, attendance at the same course or activity (identical course code with same topic and content level) more than once within a three-year CNE cycle, including refresher courses, shall only be counted once.
- 5.6 CNE points are awarded only for learning activities (e.g. seminars and workshops). Ceremonies, opening and closing remarks, breaks (e.g. lunch / tea), and examinations / tests do NOT count towards CNE hours.

## **(6) CNE Record and Renewal of Practising Certificate**

- 6.1 All nurses should maintain their own records of their CNE activities. A sample template is attached at **Annex C** for reference.
- 6.2 All nurses must select one accredited CNE Administrator to set up a personal CNE database for renewal of practising certificate. Nurses are required to enrol with a CNE Administrator within six months after commencement of their respective cycle. Any delay in enrolment may result in CNE Administrators being unable to verify or credit CNE points earned, as nurses are required to submit relevant CNE records within a prescribed timeframe. This may ultimately delay the issuance of practising certificates or disrupt clinical practice; and nurses should be aware of the potential consequences arising from such delays. Organisations accredited as CNE Administrators should serve as the designated CNE Administrator for their employees. If a nurse's employer is not an accredited CNE Administrator, or if the nurse is self-employed, they must select an alternative one to verify their CNE records for the renewal of their practising certificates. An updated list of accredited CNE Administrators is available on the Council's website at <https://www.nchk.org.hk>.
- 6.3 Nurses are responsible for ensuring that their CNE records are accurate and that their CNE points are submitted within designated timelines for practising certificate renewal. The actions required for CNE points recording and practising certificate renewal are summarised in the table below.

| Type of Activity                                        | Document to be Submitted by Nurses to CNE Administrators or the Council                                                                                                                 | Timeline for Submission                              |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (a) CNE Activities Provided by Accredited CNE Providers | Attendance record or certificate issued by CNE Provider to CNE Administrator                                                                                                            | (For CNE point(s) registration)                      |
| (b) Publication / Presentation                          | Evidence copies of publications, books, letters of acceptance, signed letters, learning outcomes of learning activities / events, notes, observations and outcomes to CNE Administrator | Within two months after completion of the activity / |

| Type of Activity                                              | Document to be Submitted by Nurses to CNE Administrators or the Council                                                                                                                                                                                                                                                                                                | Timeline for Submission                                                                           |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| (c) Pre-approved Non-local Learning Activities                | Title of the Programme Activity; Name of Organiser; Held Period & Location; Programme Objectives; Speaker(s) (Name(s) & Professional Qualifications); Mode of Training / Education e.g., Conference / workshop, written endorsement / support granted by Hong Kong employer, evidence / documentary proof of the attendance, to CNE Administrator                      | publication / presentation.                                                                       |
| (d) Other Not pre-approved Non-local Learning Activities      | Title of the Programme Activity; Name of Organiser; Held Period & Location; Programme Objectives; Speaker(s) (Name(s) & Professional Qualifications); Mode of Training or Education, e.g., conference or workshop, written endorsement / support granted by Hong Kong employer, evidence / documentary proof of the attendance, to CNE Administrator                   | (For CNE point(s) vetting)<br><br>Two months <u>before</u> the learning activity begins           |
| (e) Practising Certificate Renewal                            | Declare the number of CNE points they have earned in the past 3-year CNE cycle to the Council, a sample of the declaration form is attached at <b>Annex A</b> . Documents to be submitted:<br>i. <b><u>Declaration Form (Annex A) to the Council</u></b><br>ii. <b><u>Payment to the Council</u></b><br>iii. Simultaneously inform CNE Administrator by <b>Annex B</b> | Submit within designated period of CNE cycle, (subject to the announcement by the Council yearly) |
| (f) Request to submit CNE point(s) attainment after CNE cycle | Written explanation with relevant documentation to the Council for applying approval with justifications                                                                                                                                                                                                                                                               | Within CNE cycle or before end date of the CNE Cycle                                              |

6.4 CNE Administrator is responsible for issuing an annual notification to individual nurses, specifying the CNE points recorded for their records, by 31 August each year, with a cut-off date of 30 June (**Annex G1**).



- 6.5 CNE Administrator is responsible for summarising the CNE points obtained by individual nurses and submitting the cumulative log sheet of CNE points (**Annex I**) to the Council by 2 months after each CNE cycle (i.e., 31 August of the renewal year).
- 6.6 Enrolment packages may vary among CNE Administrators. Nurses should be aware that electing to transfer to a different CNE Administrator may subject them to supplementary fees.
- 6.7 Nurses who intend to change their new CNE Administrator are required to notify both their current and prospective CNE Administrators. Upon receiving a request, the current CNE Administrator must provide the verified CNE records for individual nurses within one month (**Annex G**). Once received, these nurses must then submit the verified records to the new accredited CNE Administrator within one month.

**(7) Failure to Acquire the Required CNE Points**

- 7.1 Each nurse is responsible for complying with CNE requirements, submitting accurate documentation, and avoiding double counting of CNE points for the renewal of their practising certificate. Nurses are also personally responsible for attending and maintaining records (**Annex C**) of their CNE activities to meet the mandatory CNE requirements. The Council has the right of not issuing a practising certificate to any nurse who fails to obtain the required CNE points within the designated CNE cycle.
- 7.2 The Council reserves the right to revoke any CNE points awarded where a nurse has been awarded, or seeks to be awarded, CNE points on the basis of false or misleading information. The nurse concerned may also be subject to disciplinary action by the Council.
- 7.3 The Council may, at any time, revoke or amend CNE points awarded for any activity if the circumstances so justify.
- 7.4 Nurses who are unable to meet the CNE points requirements by the end of the CNE cycle may submit a written explanation, accompanied by relevant supporting documents, to the Council **through their CNE Administrator** before the end of the CNE cycle. The CNE Administrator should submit all relevant information to the Council for consideration before end of CNE cycle. An extension may be granted by the Council on a case-by-case basis. Nurses should note that such an extension may delay the issuance of their Practising Certificate and disrupt their practice, and that they are responsible for all possible consequences arising from such delays. CNE points obtained during the extension period will not be counted towards the subsequent CNE cycle. If CNE requirements are not met even after the extension, non-compliant nurses may be at risk for having their names removed from the register of nurses (“the register”) / roll of enrolled nurses (“the roll”) and cease to be registered / enrolled. The individual must apply for restoration of name to the register / the roll and for a practising certificate for nurse in order to resume practice.

a. Scenario with Authorised Grace Period Extension Based on Valid Justifications

The following example applies to nurses with practising certificates expiring on 1 January 2030. It illustrates the grace period that may be granted by the Council, together with examples of acceptable justifications (e.g., provision of a valid medical certificate).

| <b>Timeline for nurses who have submitted acceptable justifications on or before 30 June 2029 and obtained the Council's approval by 31 July 2029</b> |                                                                           |                                                                                            |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <u>Nurse:</u><br>Supplementary period for attainment of required CNE points                                                                           | <u>Nurse:</u> Deadline for submission of CNE records to CNE Administrator | <u>CNE Administrator:</u><br>Deadline for submission from CNE Administrator to the Council | Effective date of new practising certificate after the Council is satisfied that the CNE requirement has been complied with |
| 1 July to 30 November 2029                                                                                                                            | 30 November 2029                                                          | 15 December 2029                                                                           | 1 January 2030                                                                                                              |

b. Scenario without Authorised Grace Period

The following table with examples of timeline of later CNE submissions applying to nurses with practising certificates expiring on 1 January 2030. It outlines scenarios in which nurses fail to submit an application with justification by 30 June 2029, submit justification after 30 June 2029, or provide justification but fail to attain the required CNE points by 30 November 2029. Any of these situations will result in a delay in the issuance of their practising certificates and may disrupt their practice.

| <u>Nurse:</u><br>Attainment of<br>required CNE<br>points | <u>Nurse:</u> Deadline for<br>submission of CNE<br>records to CNE<br>Administrator                                                                                                                                                                                                                                                                                                              | <u>CNE<br/>Administrator:</u><br>Deadline for<br>submission from<br>CNE<br>Administrator to<br>the Council | Effective date<br>of new<br>practising<br>certificate after<br>the Council is<br>satisfied that<br>the CNE<br>requirement<br>has been<br>complied with | Remarks                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1-31 July<br>2029                                        | 31 August 2029                                                                                                                                                                                                                                                                                                                                                                                  | 30 September<br>2029                                                                                       | 1 February<br>2030                                                                                                                                     | <u>Additional 8<br/>CNE points for<br/>RN / 5 CNE<br/>points for EN,<br/>to be obtained<br/>after the end of<br/>the 2026-2029<br/>CNE cycle on<br/>30 June 2029,</u><br>on top of the<br>prescribed 45<br>CNE points<br>(RN) / 30 CNE<br>points (EN) are<br>required, when<br>submitting the<br>renewal<br>application |
| 1-31 August<br>2029                                      | 30 September 2029                                                                                                                                                                                                                                                                                                                                                                               | 31 October 2029                                                                                            | 1 March 2030                                                                                                                                           |                                                                                                                                                                                                                                                                                                                         |
| 1-30<br>September<br>2029                                | 31 October 2029                                                                                                                                                                                                                                                                                                                                                                                 | 30 November 2029                                                                                           | 1 April 2030                                                                                                                                           |                                                                                                                                                                                                                                                                                                                         |
| 1-31 October<br>2029                                     | 30 November 2029                                                                                                                                                                                                                                                                                                                                                                                | 31 December 2029                                                                                           | 1 May 2030                                                                                                                                             |                                                                                                                                                                                                                                                                                                                         |
| 1-30<br>November<br>2029                                 | 31 December 2029                                                                                                                                                                                                                                                                                                                                                                                | 31 January 2030                                                                                            | 1 June 2030                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         |
| 1-31<br>December<br>2029                                 | 31 January 2030                                                                                                                                                                                                                                                                                                                                                                                 | 28 February 2030                                                                                           | 1 July 2030                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         |
| 1 January to<br>30 April<br>2030                         | 31 May 2030                                                                                                                                                                                                                                                                                                                                                                                     | 30 June 2030                                                                                               | 16 July 2030                                                                                                                                           |                                                                                                                                                                                                                                                                                                                         |
| After<br>30 April<br>2030                                | The nurse may risk not being able to satisfy the Council that his / her CNE requirement in the 2026-2029 CNE cycle ended on 30 June 2029 has been complied with. The nurse may then risk being removed from the register / roll under section 7(3)(d) / 13(3)(d) of the Ordinance and need to apply for restoration to the register / roll before any new practising certificate may be issued. |                                                                                                            |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                         |

**(8) Record Audit for Individual Nurses**

For audit purposes, the Council may conduct audit inspections from time to time to monitor compliance with the CNE system. Nurses are required to retain their CNE records for **six years** following the end of the relevant CNE cycle. The Council may:

- request any nurse to produce CNE records, or additional information relating to their participation in CNE, as specified by the Council; and
- require a nurse to attend the Council in person and furnish such records or information.

# **NURSING COUNCIL OF HONG KONG**

## **Manual on Mandatory Continuing Nursing Education System for Nurses**

### **Section 2: Accreditation as CNE Provider and CNE Administrator**

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#### **(1) Purposes of Accrediting CNE Providers and Administrators**

- 1.1 To ensure that organisations accredited as CNE Providers delivering training programmes / activities meet the standards prescribed by the Council, and that those accredited as CNE Administrators ensure accountability through accurate verification and reporting of nurses' CNE participation during each practising certificate renewal cycle.
- 1.2 To maintain and continuously improve the quality of CNE training programmes / activities, thereby supporting the professional development of nurses.
- 1.3 To ensure that CNE activities are delivered consistently across institutions, thereby safeguarding fairness and uniformity in recognition of nurses' continuing education.
- 1.4 To enable effective oversight of CNE provision and administration, ensuring that only recognised organisations deliver or manage CNE activities, thereby reinforcing compliance with the statutory requirements and upholding integrity of the Mandatory CNE system.

## **Chapter I for CNE Providers**

### **(2) Overview of the Accreditation System for CNE Providers**

- 2.1 All CNE Providers must obtain accreditation from the Council before their CNE programmes / activities can be recognised.
- 2.2 Accreditation as a CNE Provider may be granted up to a maximum period of three years. Accredited Providers wishing to continue their accreditation status must submit an application for re-accreditation at least six months before the end of each accreditation period. Applications shall be submitted using **Annex D** “Application Form for Accreditation / Re-accreditation as a Provider of Continuing Nursing Education”. All application documents must be submitted in adherence to all criteria, operation and governing mechanisms, responsibilities and procedures stated in this manual of the Council. For applications submitted less than six months before the end of the accreditation period, the new accreditation period will commence on a date specified by the Council, and retrospective accreditation will normally not be granted. Any CNE points awarded during such period will not be recognised. The Council shall bear no liability for claims, damages, or losses incurred by the CNE Provider or any third party arising from such actions.
- 2.3 At the Council’s discretion, visit(s) to the applicant organisation or its CNE programmes / activities may be arranged.
- 2.4 The purpose of such visit(s) is to enable an accurate and first-hand assessment of the information provided in the applicant organisation’s supporting documents. The Council will liaise with the applicant organisation to verify, supplement, and clarify the information submitted, and to identify main strengths and any areas of concern or improvement.
- 2.5 The Council will determine the accreditation status and may make recommendations to the applicant organisation in respect to accreditation as a CNE Provider.
- 2.6 The applicant organisation will be notified of the accreditation result, any recommendations (if applicable), and the effective period of the accreditation granted.

### **(3) Operation and Governing Mechanisms of the Accredited CNE Providers**

Accredited CNE Providers must adhere to the following operation and governance mechanisms and procedures:

- 3.1 Comply with the Council's Accreditation Criteria, Operation and Governing Mechanisms, Responsibilities and Procedures set out in this manual;
- 3.2 Comply with any revisions to the Accreditation Criteria, Operation and Governing Mechanisms, Responsibilities and Procedures as may be issued by the Council from time to time, and implement necessary revisions as soon as possible or by the **date** specified by the Council;
- 3.3 Submit information about their CNE programmes / activities with each application for accreditation / re-accreditation (or as and when requested by the Council) to assist the Council in evaluating and monitoring the standard of their CNE programmes / activities.
- 3.4 Ensure that all submitted information **demonstrates** compliance with the criteria set out in this manual.



#### **(4) Responsibilities of CNE Providers**

- 4.1 Accredited CNE Providers are responsible for planning, organising, coordinating, and evaluating CNE programmes / activities, while implementing strict quality controls; and submission of the records to the CNE Administrator upon request, or development of their own data platform to enable CNE Administrator for verification of nurses' CNE records.
- 4.2 Accredited CNE Providers must deliver a minimum of four CNE programmes / activities annually to demonstrate active engagement in the advancement of nursing education.
- 4.3 CNE programmes / activities should be designed to enhance nursing practice, support professional development contribute to the delivery of quality healthcare services and facilitate career advancement.
- 4.4 Programme / Activity Information Design Criteria

In planning CNE programmes / activities, organisers should adhere to the following design criteria to ensure quality provision:

a. Nurse Planner –

There should be a Nurse Planner responsible for the planning of CNE programmes / activities. All CNE programmes / activities should be overseen by a Nurse Planner who is an RN. All Nurse Planners must hold a nursing-related degree, be currently registered with the Council, and have at least five years of post-registration experience. They should also fulfill the CNE requirements as stated in this Manual and preferably Nurse Planners should also have experience in educational programme planning.

b. Educational / Learning Needs Assessment and Target Participants -

The programme / activity should be developed in response to the learning needs of the target participants.

c. Aims and Objectives -

Aims and objectives for the programme / activity should be clearly stated and well defined with expected learning outcomes that fulfil participants' level of professional attainment.

d. Content -

Content should be relevant and consistent with the aims and objectives of the programme / activity.

e. Time Allocation -

Time allocation should be appropriate to enable participants to achieve the expected learning outcomes.

f. Presenters / Speakers / Facilitators / Programme Designers –

Presenters / Speakers / Facilitators / Programme Designers must possess knowledge and expertise in the subject matter and take an active role in planning, teaching, and / or conducting the programme / activity.

g. Teaching-learning Method -

Teaching-learning Method should be congruent with the objectives of the programme / activity and its content and facilitate the achievement of intended learning outcomes.

h. Verifying Participation and Successful Completion –

Clear mechanisms should be in place to verify participants' attendance and successful completion of the programme / activity.

i. Programme Evaluation -

Evaluation methods should be clearly defined to cover the following:

- Alignment between content, teaching and learning activities, and overall objectives;
- Participants' achievement of the stated objectives;
- Effectiveness and expertise of presenters / speakers / facilitators / programme designers in teaching and conducting the programme / activity; and
- Appropriateness of the teaching and learning methods.

#### 4.5 Co-organised Programmes / Activities with Other Organisations

- a. An accredited CNE Provider may co-organise programmes / activities with other non-accredited organisations.

- b. For a co-organised programme / activity where CNE points are awarded by the accredited CNE Provider, the programme / activity must be planned and implemented with the direct involvement of the accredited CNE Provider's "Nurse Planner" at all stages, from initial planning to implementation and evaluation.

#### 4.6 Providers Not Permitted to Approve External Programmes / Activities

Under the Council's system, accredited CNE Providers that provide the CNE programmes / activities are not permitted to approve another organisation's CNE programmes / activities.

#### 4.7 Verification of Participants and Successful Completion

- a. Accredited CNE Providers must issue certificates, written statements, or provide records verifying an individual's participation and successful completion of each CNE programme / activity within one month of completion, or of confirmation of the final results on the respective governance platform. The certificate of CNE attainment shall solely serve to verify the CNE hours and points acquired by nurses, whereas academic grades should be recorded separately.
- b. The means of verification should be clearly specified and include the following elements in the certificates, written statements, or records. A template is shown in **Annex K**:
- Name of participant (in English or Chinese, as shown on the Council's register / roll);
  - Registration / enrolment number of the RN / EN Participant;
  - Name of the CNE programme / activity;
  - Distinctive Course code (an example is provided below to illustrate the formation of course code);

| CNE Provider code<br>(Each organisation is assigned a CNE Provider code and is available on the Council’s website at <a href="http://www.nchk.org.hk">http://www.nchk.org.hk</a> ) | Year                    | 00001- 99999<br>(Serial number of events held by CNE Provider) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------|
| 010                                                                                                                                                                                | 2027                    | 00015                                                          |
|                                                                                                                                                                                    | Year of programme start |                                                                |
| Distinctive Course code: 010 –2027– 00015                                                                                                                                          |                         |                                                                |

- Period of the CNE programme / activity (with commencement and completion dates specified);
- Number of CNE hours and CNE points awarded;
- Name of the accredited CNE Provider; and
- The certificate, written statement, or record should be duly signed by the accredited CNE Provider's person-in-charge or the officer(s) personally delegated by the person-in-charge of the accredited Providers in writing. The written records of all the delegation should be properly kept for six years and made available for the Council's inspection when required.

#### 4.8 Recognition of CNE Points

- Accredited CNE Providers must specify CNE points on certificates issued to nurses;; they may also feature these points in their communications and marketing materials.
- Accredited CNE Providers may use the following information to indicate their title and accredited period:

|                                                                                                                                                                                                                                                                    |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <p>_____</p> <p><i>(Name of accredited CNE Provider)</i></p> <p>Continuing Nursing Education by the Nursing Council of Hong Kong</p> <p>for the period</p> <p>From _____ To _____</p> <p style="text-align: center;"><i>(Day/Month/Year) (Day/ Month/Year)</i></p> | <p>is accredited as a Provider of</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

#### 4.9 Award of CNE Points

Accredited CNE Providers must adhere to the criteria for awarding CNE points set out in this manual. The minimum award is one CNE point for the first contact hour. Thereafter, any additional CNE points will be calculated proportionally, with fractions rounded down to the nearest 0.5 CNE point. CNE points awarded should correspond proportionately to the actual number of CNE hours attended by the participant.

#### 4.10 Alignment of CNE Record Format

- Accredited CNE Providers should adopt the standard template set out in **Annex J** “Continuing Nursing Education (CNE) Provider Activity – Record Template to Update CNE Administrator (Sample)” when maintaining CNE records, to facilitate verification by CNE Administrators.

- b. Accredited CNE Providers should adopt one of the following methods to facilitate verification of nurses' CNE points by CNE Administrators:
- Option 1: Submit participant information to CNE Administrators for verification upon request; or
  - Option 2: Develop and maintain their own data platforms (e.g. webpage, Apps) to enable CNE Administrators to verify nurses' CNE records.

## **(5) Accreditation Criteria for CNE Providers**

- 5.1 Local organisations with business or operations related nursing care, nursing education or a healthcare profession with prior experience in organising nursing educational programmes or activities immediately before application are eligible to apply for accreditation as CNE Providers.
- 5.2 The applicant organisation may identify, within itself, a separate, defined unit, administratively and operationally responsible for coordinating different aspects of CNE programmes or activities.
- 5.3 The applicant organisation must submit its relevant policies and procedures as required above for the Council's assessment.
- 5.4 The applicant organisation must submit, in a written statement, its beliefs and goals about the promotion and improvement of health care through the provision of CNE. Any subsequent revisions to the statement must be reported to the Council.
- 5.5 The applicant organisation must demonstrate its eligibility as an independent CNE Provider of educational programmes / activities, and provide supporting documents upon request.
- 5.6 The applicant organisation must establish clear lines of authority and communication among the person-in-charge of the organisation and Provider unit, Nurse Planner(s), and other concerned persons.
- 5.7 All Nurse Planners must hold a nursing-related degree or above, be currently registered with the Council, and have at least five years' post-registration experience.
- 5.8 The process of planning, developing, implementing and evaluating the CNE programmes / activities must adhere to the "Programme / Activity Information Design Criteria" (refer to Section 2 point 4.4) as specified in this manual.
- 5.9 Records of all CNE programmes / activities should be kept for **six years** and readily accessible for reference by the Council, CNE Administrators or programme participants. The following essential information should be included: -
  - a. Title of the educational programme / activity;*
  - b. Programme / Activity design:*
    - Aims and objectives;
    - Distinctive Course Code;
    - Content;
    - Timeframes;

- Name(s) and documentation of expertise of presenter(s) / speaker(s)/ facilitator(s) / programme designer(s); and
  - Teaching-Learning strategies.
- c. Number of contact hours / CNE Points awarded;*
- d. Nurse Planner: e.g., Name of person who is responsible for planning the educational programme / activity;*
- e. Documentation of the Nurse Planner’s qualification;*
- f. Target audience: Characteristics of the target participants;*
- g. Attendance record*
- Total number of nurse participants;
  - Participants’ profile: Name (in English or Chinese, as shown on the Council’s register / roll), Nurse registration / enrolment number, Working Area;
  - Distinctive Course Code; and
  - For online programmes / activities, proper documentation, such as the list of participants with their login and logout time should be maintained for verifying the attendance of participants
- h. Summary of participants’ evaluations;*
- i. Verification of participation and successful completion;*
- j. Sample of certificate or written verification issued to participants, if any, upon his / her successful completion of the required educational programme / activity; and*
- k. Copies of marketing materials e.g. brochures, programme / activity announcements, flyers*

5.10 Accredited CNE Providers should adopt the standard template set out in **Annex I** “Continuing Nursing Education (CNE) Summary Log Sheet for Cumulative CNE points for Individual Nurses (Sample)”, when maintaining CNE records to facilitate verification by CNE Administrators.

## **(6) The Application Process for CNE Providers**

- 6.1 The applicant organisation should review and comply with the requirements set out in this manual, including but not limited to “Operation and Governing Mechanisms” and “Accreditation Criteria”.
- 6.2 The applicant organisation must conduct an internal review to determine its eligibility for accreditation and provide supporting documentation or evidence to demonstrate compliance with the relevant criteria.
- 6.3 Under normal circumstances, it takes six months to process the application for accreditation / re-accreditation as a CNE Provider, provided that all the required documents have been duly submitted and are in-order.
- 6.4 For renewal of accreditation, applicant organisations should submit their application **at least six months before** the end of the current accreditation period. Failure to do so may result in a lapse of accreditation, which may disrupt the functions of CNE Providers. The re-accreditation period may take effect from a new approval date specified by the Council instead of being backdated to the date immediately following the previous accreditation period.
- 6.5 The Council may request applicant organisations to provide additional information / documents. If an applicant organisation fails to provide the requested information two weeks from the date of the Council’s first written request, the application will be terminated. The applicant organisation should apply afresh if it still wishes to seek accreditation.
- 6.6 Accredited CNE Providers must not offer any CNE programmes / activities during the period when their accreditation has expired, or before re-accreditation approval has been granted. Any CNE points awarded during such period will not be recognised. The Council shall bear no liability for claims, damages, or losses incurred by the CNE Provider or any third party arising from such actions.
- 6.7 If an accredited CNE Provider fails to comply with the requirements stipulated in this manual, the Council may withdraw the accreditation / re-accreditation status granted to the organisation at any time and shall have no liability for claims regarding damages or losses sustained by the Provider or any third party arising from such action. The Council may also require the applicant organisation to rectify any non-compliance of the requirements set out in this manual before re-accreditation is granted. The applicant organisation can adopt the Application Form in **Annex D** of this Manual when applying for accreditation / re-accreditation as a CNE Provider. The applicant organisation is permitted to attach supplementary sheets to provide additional information as needed. This set of application includes the following five parts:



- Part I - Fact Sheet;
- Part II - Documentation Report of Internal Evaluation of CNE Provision;
- Part III - Report Summary Sheet on CNE Programmes / Activities;
- Part IV – Checklist; and
- Curriculum Vitae (CV) of Nurse Planner.

- 6.8 When completing Part III of the application form - “Report Summary Sheet on CNE Programmes / Activities”, (for re-accreditation only), while the period to cover for renewal of accreditation status is the past three years.
- 6.9 The Council may grant accreditation to applicant organisations that meet the required standards for a specified period not exceeding three years.

## **Chapter II for CNE Administrators**

### **(7) Overview of the Accreditation System for CNE Administrators**

- 7.1 All CNE Administrators must obtain accreditation status from the Council to validate and manage nurses' CNE records for practising certificate renewal.
- 7.2 A CNE Administrator should be an accredited CNE Provider with established experience in the delivery of nursing education and possess a thorough understanding of the nursing professional qualifications framework in Hong Kong. Applicant organisations shall demonstrate the capacity to validate non-local learning activities and maintain a secure database system capable of calculating and tracking nurses' CNE points, thereby ensuring accuracy, transparency, and accountability in the administration of CNE.
- 7.3 Accreditation as a CNE Administrator may be granted for a maximum period of **five years**. Accredited CNE Administrators wishing to renew their accreditation status must submit an application for re-accreditation **at least one year before** the end of each accreditation period. Applications shall be submitted using **Annex E** "Application Form for Accreditation / Re-accreditation as an Administrator of Continuing Nursing Education". All application documents must comply with all the criteria, operation and governing mechanisms, responsibilities and procedures set out in this manual.
- 7.4 Accredited CNE Administrators must notify the Council in writing **at least one year before** the end of their current accreditation period if they decide not to apply for re-accreditation.
- 7.5 Accredited CNE Administrators who intend to withdraw their current accreditation must notify the Council in writing **at least three months** prior to the planned cessation of their administrative responsibilities, providing the reasons for withdrawal. They must also notify the nurses involved in writing and allow sufficient time for nurses enrolled under them to transit to another accredited CNE administrators.
- 7.6 At the discretion of the Council, a visit to the applicant organisation may be scheduled.
- 7.7 The purpose of such visits is to make an accurate and first-hand assessment of the information provided in the applicant organisation's supporting documents. The Council will liaise with the applicant organisation to verify, supplement, and clarify information submitted, and to identify main strengths and any areas of concern or improvement.

- 7.8 The Council will determine the accreditation status or may make recommendations to the applicant organisation in respect to accreditation as a CNE Administrator.
- 7.9 The applicant organisation will be notified of the accreditation result, any recommendations (if applicable), and the effective period of accreditation granted.
- 7.10 The Council may grant accreditation to applicant organisations that meet the required standards for a specified period, not exceeding five years.

## **(8) Operation and Governing Mechanisms of the Accredited CNE Administrators**

Accredited CNE Administrators must adhere to the following operation and governance mechanisms and procedures:

- 8.1 Comply with the Accreditation Criteria, Operation and Governing Mechanisms, Responsibilities and Procedures set out in this manual;
- 8.2 Comply with any revisions issued by the Council from time to time and implement necessary changes within the specified timeframe;
- 8.3 Submit relevant data with each application for accreditation / re-accreditation (or as requested by the Council) to facilitate evaluation and monitoring; and ensure that all submitted data demonstrates compliance with the criteria set out in this manual.

## **(9) Responsibilities of CNE Administrators**

### **9.1 Enrolment of Nurses**

- a. Accredited CNE Administrators should only enrol nurses who are not concurrently enrolled with another CNE Administrator.
- b. All nurses must select one accredited CNE Administrator to set up a personal CNE database for renewal of practising certificate. Organisations accredited as CNE Administrators should serve as the designated CNE Administrator for their employees. If the employer is not an accredited CNE Administrator or if the nurse is self-employed, the nurse must select an alternative one to verify their CNE records for the renewal of their practising certificates. An updated list of accredited CNE Administrators is available on the Council's website at <http://www.nchk.org.hk>.
- c. CNE Administrators must provide nurses with clear information on their services, including any applicable fees, procedures for submission and access to CNE records, and communication channels for enquiries and complaints.

### **9.2 Maintenance of Personal CNE Profile**

- a. CNE Administrators must maintain an accurate personal CNE profile for each nurse, (sample as in **Annex G** "Continuing Nursing Education (CNE) Log Sheet – Personal CNE Records (Sample)"). Additionally, all publications, presentation activities and non-local training activities must be verified by the Programme Assessor of the CNE Administrator.

The personal CNE profile should include:

- Name of Nurse (in English or Chinese, as shown on the Council's register / roll);
  - Nurse's Registration number / Enrolment number;
  - Validity period of the practising certificate;
  - Commencement and end dates of the CNE cycle;
  - CNE points required and acquired within the CNE cycle;
  - CNE points required and acquired outside the CNE cycle (for nurses who cannot obtain the prescribed CNE points within their respective CNE cycles); and
  - Verified CNE programme information: category and title of the learning activities, distinctive course code, duration of study, number of CNE hour(s) and CNE point(s) awarded, name of CNE Provider, name of the Programme Assessor(s) who verified the publications, presentation activities and non-local training activities.
- b. CNE Administrators should verify the nurses' CNE points with the respective CNE Providers.
  - c. CNE Administrators must update their personal CNE profile at least monthly to facilitate nurses' access to their latest CNE records.

- d. CNE Administrators are responsible for issuing an annual notification to individual nurses, specifying the CNE points recorded for their records, by 31 August each year, with a cut-off date of 30 June (attached **Annex G1**).
- e. CNE Administrators must provide the latest personal CNE profile for the current CNE cycle to nurses, who request to switch to a new CNE Administrator, within one month upon receiving the nurse notification, to ensure accurate data transfer.
- f. Where a CNE programme / activity spans two CNE cycles, CNE points should be credited to the cycle in which the programme / activity is completed.
- g. CNE Administrators should respond to nurses' enquiries on their accumulated CNE points, the mandatory CNE mechanism and complaints in a timely manner in accordance with any established service pledge.

### 9.3 Vetting of Non-local Training Activities

- a. A master list of pre-approved non-local institutions / professional bodies offering CNE opportunities is available at the Council's website, <https://www.nchk.org.hk> for reference.
- b. The Programme Assessor should accredit non-local learning programmes / activities and record the CNE point(s) for nurses based on whether the following criteria are met:
  - Learning programmes / activities are organised by pre-approved non-local institutions / professional bodies; or
  - Non-local learning programmes / activities are acknowledged and supported by the applicant's employing organisation in Hong Kong. This applies regardless of whether the nurse receives official time relief or sponsorship, or whether the learning activity is on the pre-approved master list; or
  - Non-local learning programmes / activities have already been awarded CNE, CPE, or CPD credits by a respective non-local professional organisation or statutory authority, even if the activities are not on the Council's pre-approved master list. CNE points awarded by the non-local organiser will be directly credited to nurses, up to a maximum of 9 CNE points for RNs and 6 CNE points for ENs per three-year CNE cycle.
- c. Programme Assessor should exercise professional judgment in assessing non-local learning activities and assigning appropriate CNE points or refer to the PDC for assessment. Upon finalisation, the Council should be notified (attached **Annex H**) to ensure the master list reflects any additions and is updated in a timely manner. Should discrepancies arise between the CNE points awarded by different administrators in respect of the learning activity, the Council shall provide its adjudication on the matter.

- d. If Programme Assessors encounter non-local learning activities that do not meet the above criteria, or in cases of any other uncertainties, they should seek advice from the PDC of the Council. (attached **Annex H**)

#### **9.4 Preparation for Practising Certificate Renewal**

- a. CNE Administrators should prepare a cumulative CNE summary log sheet (sample as in **Annex I**, “Continuing Nursing Education (CNE) Summary Log Sheet for Cumulative CNE points for Individual Nurses (Sample)”) for nurses who have fulfilled the CNE requirements by the end of each CNE cycle for submission to the Council for practising certificate renewal. The deadline for submission to the Council's deadline is 31 August of the renewal year.

The CNE summary log sheet should include:

- Name of nurse (in English or Chinese, as shown on the Council's register / roll);
  - Nurse's Registration / Enrolment number;
  - Validity period of the practising certificate;
  - Commencement and end dates of the CNE cycle;
  - Cumulative CNE points required and obtained by the nurse within the practising certificate renewal cycle;
  - CNE points required and obtained outside the CNE cycle (for nurses who cannot obtain the prescribed CNE points within their respective CNE cycles); and
  - Signed by the in-charge of the CNE Administrator or delegate.
- b. The summary log sheet to be submitted to the Council must be signed by the Unit-in-charge of the accredited CNE Administrators or their formally assigned delegate(s). The written records of all delegations should be properly kept for six years and made available for the Council's inspection when necessary.
  - c. The summary log sheet to be submitted to the Council should be accessible to the individual nurses concerned.
  - d. CNE Administrators should submit any written explanations and supporting documents from nurses seeking extension to the Council before the end of their respective CNE cycle regarding request for an authorised grace period extension.

#### **9.5 Contingency and Risk Management**

- a. CNE Administrators should establish contingency mechanism in the event of an electronic record system failure.
- b. All personal data collected from the nurse should be necessary and adequate but not excessive for the defined purposes only. CNE Administrators should remain vigilant in ensuring that all

personal data submitted are handled with care, and in accordance with the relevant provisions of the Personal Data (Privacy) Ordinance, such as to prevent loss of personal data.

- c. CNE Administrators are responsible for all matters arising from their management and operations.



## **(10) Accreditation Criteria for CNE Administrators**

- 10.1 Any CNE Provider, accredited at the time of application, is eligible to apply for accreditation as a CNE Administrator, provided that it demonstrates substantial experience in managing CNE activities, a proven track record, an outstanding scope and size of nurse membership, a stable financial status, and a proactive focus on the professional and legislative standing of nursing.
- 10.2 The applicant organisation must have a credible organisational structure to process CNE submissions from nurses, verify such submissions in collaboration with CNE Providers, and maintain accurate records in a database accessible to nurses.
- 10.3 The applicant organisation must establish the core position of Unit in-charge, who oversees the day-to-day operation of the CNE function. The Unit in-charge must hold at least a degree in nursing, possess a valid practising certificate as an RN, and have a minimum of seven years of post-registration experience, with demonstrated competencies and professional qualifications for this leadership role.
- 10.4 The applicant organisation must establish the core position of Programme Assessor, who is responsible for assessing the non-local CNE training programmes / activities and for processing the calculation of CNE points for nurses. A Programme Assessor must hold at least a degree in nursing, possess a valid practising certificate as an RN, and is required to have a minimum of five years of post-registration experience, including expertise in organising teaching, training or staff development activities, or organising international learning activities such as conferences or workshops.
- 10.5 The applicant organisation must establish a mechanism for quality assurance to ensure the accuracy and validity of CNE records and the proper calculation of CNE points.
- 10.6 The applicant organisation must establish a system to update nurses' CNE records at least monthly and enable nurses to access their updated records.
- 10.7 The applicant organisation must establish a mechanism to safeguard data privacy, prevent data loss, and ensure full compliance with the Personal Data (Privacy) Ordinance.
- 10.8 The applicant organisation must establish a contingency mechanism in case of an electronic record system failure.
- 10.9 The applicant organisation must provide procedures for enrolment of nurses, including terms of agreement, statements to be provided to nurses upon enrolment, and its capacity to manage anticipated number of nurses upon taking up the CNE Administrator role.

10.10 The applicant organisation must provide details of its proposed fee structure, including indicative charges for the proposed services (if applicable).

## **(11) The Application Process for CNE Administrators**

- 11.1 The applicant organisation should review and comply with this manual, including but not limited to “Operation and Governing Mechanisms”, “Responsibilities” and “Accreditation Criteria”.
- 11.2 The applicant organisation must conduct an internal review and determine its eligibility and provide supporting documentation to demonstrate compliance with the relevant criteria.
- 11.3 Under normal circumstances, it takes six months to process the application for accreditation / re-accreditation as a CNE Administrator, provided that all the required documents have been duly submitted and are in-order.
- 11.4 For renewal of accreditation, applicant organisations should submit their applications **at least one year before** the end of each accreditation period. Failure to do so may result in a lapse of accreditation, which may disrupt the functions of CNE Administrators. The re-accreditation period may take effect from a new approval date specified by the Council instead of being backdated to the date immediately following the previous accreditation period. The Council shall have no liability for claims regarding damages or losses suffered by the CNE Administrator or any third party arising therefrom.
- 11.5 The Council may request applicant organisations to provide additional information / documents. If an applicant organisation fails to provide the requested information within 2 weeks from the date of the Council’s first written request, the application will be terminated. The applicant organisation should apply afresh if it still wishes to seek accreditation.
- 11.6 If an accredited CNE Administrator fails to comply with the requirements stipulated in this manual, the Council may withdraw the accreditation / re-accreditation status granted to the organisation at any time and shall have no liability for claims regarding damages or losses sustained by the Administrator or any third party arising from such action. The Council may also require the applicant organisation to rectify any non-compliance of the requirements set out in this manual before re-accreditation is granted.
- 11.7 The applicant organisation may adopt the Application Form in **Annex E** of this Manual when applying for accreditation / re-accreditation as a CNE Administrator. The applicant organisation is permitted to attach supplementary sheets to provide additional information as needed. The application includes the following parts:
- Part I - General Organisation Information;
  - Part II - Documentation Report of Internal Evaluation of the Provision of CNE Administrator;

- Part IIa (for re-accreditation only) - List of approved non-local training organisations / activities outside the Council's pre-approved list;
- Part III – Checklist;
- Curriculum Vitae (CV) Template for CNE Administrator Unit in-charge; and
- Curriculum Vitae (CV) Template for Programme Assessor
- Policies and procedures used by the Administrator unit to guide the operation of the unit e.g. policies and mechanism implemented by the Administrator unit to validate local learning programmes / activities for nurses and record CNE points and vetting non-local learning activities and CNE applications calculate, database system for CNE points calculation and recording, evidence of financial soundness and capability shall also be submitted together as evidence to prove its compliance to the criteria.

## **Chapter III Reporting Organisation Changes and the Control and Monitoring System**

### **All accredited CNE Providers and CNE Administrators**

#### **(12) Reporting of Organisational Changes**

- 12.1 All accredited CNE Providers and CNE Administrators must report any organisational changes that occur after accredited status has been granted. All reported changes will be subject to review by the Council.
- 12.2 Changes in ownership, name and structure, as well as personnel qualifications, must be submitted to the Council for consideration in determining whether the organisation continues to meet the accreditation criteria.
- 12.3 Organisations are accredited under the name, structure, and ownership in place at the time of the accreditation status is granted.
- 12.4 To maintain accredited status, accredited organisations must report changes in any of the reported information **within 30 days** by using **Annex F** “Form for Reporting Organisational Changes for Accredited CNE Provider / Administrator” for the Council’s review and decision.
- 12.5 The Council also reserves the right to withdraw approval at any time and shall not be liable for any claim for damages or loss suffered by the CNE Provider / CNE Administrator or any parties arising therefrom.

### **(13) The Control and Monitoring System**

- 13.1 All accredited CNE Providers and CNE Administrators should ensure that their performance meets the standards and requirements set out in this manual.
- 13.2 The Council has the right to conduct visits to the accredited organisations to verify, clarify and audit their continued compliance with accreditation requirements.
- 13.3 Records of all CNE programmes / activities and nurses' CNE records must be maintained for six years and be readily accessible for audit by the Council.
- 13.4 When non-compliance is identified, the Council will notify the accredited organisation and provide a two-month period for rectification and submission of evidence of correction.
- 13.5 If the non-compliance issue persists, the Council will issue second and third reminders, each with a two-month allowance for rectification and evidence submission.
- 13.6 Failure to comply after third reminder may result in immediate withdrawal of accreditation by the Council. The Council shall not be liable for any damages or losses incurred by the CNE Provider / CNE Administrator or associated parties resulting from the withdrawal of accreditation. The applicant organisation should apply afresh if it still wishes to seek accreditation.

**Declaration Form****聲明表格**

## Declaration

## 聲明

I hereby declare that:

In the Continuing Nursing Education (CNE) cycle from DD/MM/YYYY to 30/06/YYYY, I have attained the required CNE points accredited by the Nursing Council of Hong Kong.

I understand that the Nursing Council of Hong Kong requires me to provide records and supporting documents in relation to the accredited CNE Points I declare to have obtained in this declaration.

本人謹此證明，在由 [DD/MM/YYYY] 至 30/06/YYYY 的持續護理教育（CNE）週期內，本人已取得香港護士管理局認可的所需持續護理教育（CNE）學分。本人明白香港護士管理局會要求本人，就有關本聲明與提及已取得的持續護理教育學分，提供紀錄及證明文件。

Signature :

簽署

\_\_\_\_\_

Full Name (as shown on the Council's register/roll):

姓名

(English 英文)

(Chinese 中文)

\*Enrolment / Registration No. :

\*登記 / 註冊編號

\_\_\_\_\_

Valid Period of the Last Practising Certificate /  
the Practising Certificate Soon to Expire

剛到期 / 快將到期的執業證明書的有效日期

From 由

to 至

Contact Tel. No. :

聯絡電話

\_\_\_\_\_

Residential Address :

住址

\_\_\_\_\_

Continuing Nursing Education Administrator

持續護理教育課程管理機構

\_\_\_\_\_

Date :

日期

\_\_\_\_\_

\* Please delete where inappropriate

\* 請刪去不適用者

**Notification to Continuing Nursing Education (CNE) Administrator**  
**upon Submission of Practising Certificate Renewal**

I hereby confirm that I have submitted the payment and declared my CNE attainment to the Nursing Council of Hong Kong for the purpose of renewing my practising certificate. Please proceed with the necessary procedures to facilitate the renewal.

Signature :

簽署

\_\_\_\_\_

Full Name (as shown on the Council's

register / roll):

(English 英文)

(Chinese 中文)

姓名

\*Enrolment / Registration No. :

\*登記 / 註冊編號

\_\_\_\_\_

Date :

日期

\_\_\_\_\_

\* Please delete where inappropriate

\* 請刪去不適用者



**Personal Continuing Nursing Education Records (Sample)****Annex C - Personal Continuing Nursing Education Records (Sample)**

|                                                         |                                             |
|---------------------------------------------------------|---------------------------------------------|
| Name of Nurse (as shown on the Council's register/roll) | : <u>Chan Tai-man 陳志文</u>                   |
| Registration / Enrolment* Number                        | : <u>RNGM1234567</u>                        |
| Valid period of the practising certificate              | : From <u>1-Jan-27</u> to <u>31-Dec-29</u>  |
| CNE cycle                                               | : From <u>1-Jul-26</u> to <u>30-Jun-29</u>  |
| Minimum CNE Points required within this cycle           | : <u>30/45 or ( )</u>                       |
| Cumulative CNE points obtained                          | : <u>55</u>                                 |
| Name of Administrator                                   | : <u>XXX organisation CNE administrator</u> |

**CNE Activities Provided by Accredited CNE Providers:**

| No of programmes | Nature of Continuing Nursing Education Activities - Categories                   | Title of Continuing Nursing                                       | Course Code    | Date of Attendance |                 | No of CNE hour(s) | No. of CNE Points awarded | Name of Accredited CNE Provider   | Name of Organising Institute / Publication                       | CNE points obtained are within the cycle (YES / NO) | Remarks |
|------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------|--------------------|-----------------|-------------------|---------------------------|-----------------------------------|------------------------------------------------------------------|-----------------------------------------------------|---------|
|                  |                                                                                  |                                                                   |                | From (dd/mm/yyyy)  | To (dd/mm/yyyy) |                   |                           |                                   |                                                                  |                                                     |         |
| 1                | Learning activity – Conference / Seminar / Workshop / Training Course (1= 1 hr). | Orthopaedic nursing continuing professional development programme | 016-2026-08090 | 09/08/2026         | 15/08/2026      | 8                 | 8                         | Hong Kong Orthopaedic Association | Hong Kong Orthopaedic Association & HK Bone Fracture association | YES                                                 |         |
| 2                | Learning activity – Conference / Seminar / Workshop / Training Course (1= 1 hr). | Certificate in infection control                                  | 122-2026-10152 | 15/10/2026         | 15/12/2026      | 22                | 22                        | The University of Hong Kong       | The University of Hong Kong                                      | YES                                                 |         |
| 3                | Oral presentation at course/seminar (1)                                          | Seminar on Lymphedema Care and Compression Therapy                | 009-2029-00033 | 12/01/2029         | 12/01/2029      | 1                 | 1                         | Hong Kong Wound Care Society      | Hong Kong Wound Care Society                                     | YES                                                 |         |

**Publication / Presentation**

| No of programmes | Nature of Continuing Nursing Education Activities - Categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title of Continuing Nursing Education Activities                                                         | Date of Attendance |                 | No. of CNE Points awarded | Name of Organising Institute / Publication                   | CNE points obtained are within the cycle (YES / NO) | Remarks |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------|-----------------|---------------------------|--------------------------------------------------------------|-----------------------------------------------------|---------|
|                  | Learning activity – Conference / Seminar / Workshop / Training Course (1= 1 hr), Principal researcher – Journal research publication (20), Co-researcher – Journal research publication (10), First author – Journal article published (10), Co-author – Journal article published (5), Sole author/ editor – Published book (10), Joint author/ editor – published book (1.5), Author/ editor – a chapter of a Published book (10), Joint author/ editor – a chapter of a Published book (5), Clinical practicum/Structured visit (1-2hr), Presenting author – Oral presentation in conference (5), Co-author/joint author – Oral presentation in conference (4), First/sole author – Poster presentation in conference (3), Co-author/joint author – Poster presentation in conference (2), Oral presentation at course/seminar (1) |                                                                                                          | From (dd/mm/yyyy)  | To (dd/mm/yyyy) |                           |                                                              |                                                     |         |
| 1                | Co-author – Journal article published (5),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Article title: A Study on Provision of Quality Care in Patients with Permanent Tracheostomies            | -                  | -               | 5                         | Hong Kong Respiratory Journal Vol 2 2027                     | YES                                                 |         |
| 2                | Co-author – Journal article published (5),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Article title: A study on EOL care with pain killers                                                     | --                 | --              | 5                         | Name of Journal: World Council of EOL Journal Vol. 22/2027   | YES                                                 |         |
| 3                | Presenting author - Oral presentation in conference (5),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Presentation title: A systematic review of wrist-ankle acupuncture on post-stroke shoulder hand syndrome | 05/01/2028         | 05/01/2028      | 5                         | ISQUA / Canada Stroke Partnership - International Conference | YES                                                 |         |

**Pre-approved Non-local Learning Activities / Other Not pre-approved Non-local Learning Activities**

\*(A maximum of 9 CNE points for RNs and a maximum of 6 CNE points for ENs)

| No of programmes | Nature of Continuing Nursing Education Activities -Categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Title of Continuing Nursing Education Activities                        | Date of Attendance |                 | No of CNE hour(s) | No. of CNE Points awarded | Name of Organising Institute / Publication  | CNE points obtained are within the cycle (YES / NO) | Remarks |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|-----------------|-------------------|---------------------------|---------------------------------------------|-----------------------------------------------------|---------|
|                  | Learning activity – Conference / Seminar / Workshop / Training Course (1= 1 hr), Principal researcher – Journal research publication (20), Co-researcher – Journal research publication (10), First author – Journal article published (10), Co-author – Journal article published (5), Sole author/ editor – Published book (10), Joint author/ editor – published book (1.5), Author/ editor – a chapter of a Published book (10), Joint author/ editor – a chapter of a Published book (5), Clinical practicum/Structured visit (1-2hr), Presenting author – Oral presentation in conference (5), Co-author/joint author – Oral presentation in conference (4), First/sole author – Poster presentation in conference (3), Co-author/joint author – Poster presentation in conference (2), Oral presentation at course/seminar (1) |                                                                         | From (dd/mm/yyyy)  | To (dd/mm/yyyy) |                   |                           |                                             |                                                     |         |
| 1                | Clinical practicum/Structured visit (1=2hr),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Clinical Practicum for Post Graduate Course on Respiratory Nursing Care | 12/10/2028         | 11/12/2028      | 28                | 14                        | Name of Journal: Nursing Care Vol.15/200127 | YES                                                 |         |
| 2                | Learning activity – Conference / Seminar / Workshop / Training Course (1= 1 hr),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ISQUA: Patient Empowerment                                              | 15/10/2026         | 15/12/2026      | 6                 | 6                         | ISQUA                                       | YES                                                 |         |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                    |                 |                   |                           |                                             |                                                     |         |

**Annex D**

**NURSING COUNCIL OF HONG KONG**  
**Application Form for Accreditation / Re-accreditation as a**  
**Provider of Continuing Nursing Education**

*(Please submit three identical sets of the application forms and supporting documents, if any.)*

**Part I: Fact Sheet**

Name of the : \_\_\_\_\_ (Eng)  
 Organisation

: \_\_\_\_\_ (Chi)

Correspondence : \_\_\_\_\_  
 Address

Name of Person-in-charge of the : \_\_\_\_\_  
 Organisation

Title or Position : \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax. Number: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

This is your organisation's first application for accreditation

☐ Yes

☐ No, previous application for accreditation / re-accreditation (Code: \_\_\_\_\_) had been granted for the period from \_\_\_\_\_ (DD/MM/YY) to \_\_\_\_\_ (DD/MM/YY).

☐ No, previous application for accreditation/re-accreditation had been rejected on \_\_\_\_\_ (DD/MM/YY)

There is a separate Provider unit (i.e. department / division / unit / committee within the organisation) administratively and operationally responsible for co-coordinating all aspects of the continuing nursing education (CNE) programmes / activities offered by the organisation

☐ Yes (please specify the name of the Provider unit: \_\_\_\_\_)

☐ No, the Provider unit is the same as the organisation

## Part II: Documentation Report for Internal Evaluation of CNE Provision

Data in response to Provider Accreditation Criteria

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1. Beliefs &amp; goals of the organisation</b></p>                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>2. Educational goals of the CNE Provider unit (if different from the above)</b></p>                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>3. Administrative &amp; organisational structure</b></p> <p>(Organisational chart(s) or other schematic(s) that depict the Provider unit's line of authority and organisational communication within the organisation as a whole as well as within the Provider unit.)</p>                                                                                                                                                                                 |
| <p><b>4. Evaluation</b></p> <p>(Describe all methods used to evaluate the effectiveness of the Provider unit and provide evidence of the implementation of each method. Examples include course planning committee, course handbook, information sheets, guide for designing programmes, course evaluation reports, assessment of learners' performance, types of assessment, arrangement of clinical practicum, feedback from teachers &amp; learners etc.)</p> |

**5. The Unit-in-charge of the overall day-to-day management and operation of the Provider unit is:**

| Name  | Professional Qualifications | Position / Title |
|-------|-----------------------------|------------------|
| _____ | _____                       | _____            |

List of Nurse Planner(s) responsible for the Provider unit's CNE programmes / activities who must be a nursing-related degree holder or above, and should have at least 5 years of post-registration / post-enrolment clinical experience (please fill in the CV at Appendix of the Application Form for the Nurse Planner(s) listed below):

| Name(s) | Professional Qualifications | Position/Title |
|---------|-----------------------------|----------------|
| _____   | _____                       | _____          |
| _____   | _____                       | _____          |
| _____   | _____                       | _____          |
| _____   | _____                       | _____          |
| _____   | _____                       | _____          |

Delegation of officer(s) to sign the certificates/ written statements/ records of CNE programmes / activities [please provide a full list of delegated officers(s)]

[Remarks: The delegation must be personally endorsed by the Unit in-charge of the CNE Provider in writing. The written records of all the delegation should be properly kept for at least six years and made available for the Council's inspection when necessary.]

| Name of the delegated officer | Title / Position |
|-------------------------------|------------------|
| 1.                            |                  |
| 2.                            |                  |
| 3.                            |                  |

Justifications of the delegation:

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---

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---

---

**Part III: Report Summary Sheet on CNE Programmes / Activities**

(for the period from \_\_\_\_\_ to \_\_\_\_\_)  
*Month / Year* *Month / Year*

**Note:** For re-accreditation, the period to cover is the past three years

Name of the Applicant Organisation: \_\_\_\_\_ Previous Accreditation Period\*: \_\_\_\_\_

*Please fill in the table below and specify the name(s) of the co-organiser(s) if it is a co-provided programme/activity.*

| Period and Title of the Programme / Activity | Distinctive Course code | Name of Nurse Planner | Objectives | Total CNE Points* | Time Frame      |                          | Speaker(s)<br>(Name(s) & Professional Qualifications) | No. of Participants<br>(optional) | No. of Nurse Participants | Remarks |
|----------------------------------------------|-------------------------|-----------------------|------------|-------------------|-----------------|--------------------------|-------------------------------------------------------|-----------------------------------|---------------------------|---------|
|                                              |                         |                       |            |                   | Theory<br>(Hrs) | Clinical<br>(Hrs / Days) |                                                       |                                   |                           |         |
|                                              |                         |                       |            |                   |                 |                          |                                                       |                                   |                           |         |

\* For organisations applying for re-accreditation only.

**Part IV: Checklist**

**To facilitate the processing of your application, please ensure that your application includes the following documents before submission. In addition, the Nursing Council of Hong Kong may request your organisation to provide further information for consideration of the application.**

*Please put a tick in the boxes provided as appropriate:*

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 1. Completed Part I: Fact Sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | 2. Completed Part II: Documentation Report for Internal Evaluation of CNE Provision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | 3. Completed Part III: Report Summary Sheet on CNE Programmes / Activities<br>(for re-accreditation only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | 4. Delivered a minimum of four CNE programmes / activities annually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | 5. Completed and Signed Part IV: Checklist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | 6. A full set documentary proofs of one of the programmes / activities organised as listed in Part III, which should normally include, but not limited to the following: <ul style="list-style-type: none"> <li>- Marketing materials (e.g. leaflets, brochures)</li> <li>- Rundown of the programme / activity</li> <li>- Relevant meeting notes</li> <li>- Attendance record</li> <li>- Certificates / written statements / any record verifying the participant's successful completion of the CNE programme / activity</li> <li>- Sample evaluation form</li> <li>- Evaluation report</li> </ul> |
| <input type="checkbox"/> | 7. Policies and procedures used by the Provider unit to guide the operation of the unit e.g. system for awarding credit, performance assessment policies, schedule to release activity completion certificate to participants and update electronic database template to acknowledge CNE Administrator(s)                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | 8. Appendix of the Application Form: Curriculum Vitae (CV) of Nurse Planner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**Submitted and signed by the Unit-in-charge of the CNE Provider unit:**

|                       |                  |
|-----------------------|------------------|
| Name: _____           | Signature: _____ |
| Position/Title: _____ | Date: _____      |
| Contact No.: _____    | Email: _____     |
| Submitted for: _____  |                  |

(Organisation Name)



**Application for Accreditation / Re-accreditation as a Provider  
of Continuing Nursing Education  
Curriculum Vitae (CV) of Nurse Planner  
(Each Nurse Planner is required to fill in one CV)**

Full Name (as shown on the Council's register) : \_\_\_\_\_

Currently Registered with the Council : Yes / No (please delete as appropriate)

Year of Registration (RN) : \_\_\_\_\_

Registration Number : \_\_\_\_\_

Name of Present Employment Institution : \_\_\_\_\_

Present Rank / Post : \_\_\_\_\_

Please list hereunder, in reverse chronological order, your qualifications in nursing:

| <b>Year of Attainment</b> | <b>Qualifications</b> | <b>Institution</b> |
|---------------------------|-----------------------|--------------------|
|                           |                       |                    |
|                           |                       |                    |
|                           |                       |                    |
|                           |                       |                    |
|                           |                       |                    |
|                           |                       |                    |
|                           |                       |                    |

Please list hereunder, in reverse chronological order, your experiences in nursing:

| <b>Period</b> | <b>Rank / Post</b> | <b>Institution</b> |
|---------------|--------------------|--------------------|
|               |                    |                    |
|               |                    |                    |
|               |                    |                    |
|               |                    |                    |
|               |                    |                    |
|               |                    |                    |
|               |                    |                    |
|               |                    |                    |

Please list hereunder, in reverse chronological order, a record of your refresher training / CNE training in the past three years. A minimum of 45 CNE points is required:

| <b>Date</b> | <b>Course / Programme</b> | <b>Organiser</b> | <b>CNE Points<br/>Obtained</b> |
|-------------|---------------------------|------------------|--------------------------------|
|             |                           |                  |                                |
|             |                           |                  |                                |
|             |                           |                  |                                |
|             |                           |                  |                                |
|             |                           |                  |                                |
|             |                           |                  |                                |
|             |                           |                  |                                |
|             |                           |                  |                                |
|             |                           |                  |                                |

### **Personal Data Collection Statement**

I have read the Personal Information Collection Statement and give my consent for the Council to use my personal data as provided in this CV for processing the application for accreditation as a Provider of Continuing Nursing Education submitted by the applicant organisation.

Signature : \_\_\_\_\_

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

## PERSONAL DATA COLLECTION STATEMENT

### Purpose of Collection

The personal data you provided to the Nursing Council of Hong Kong are for the purpose of the application you are currently making only. The provision of personal data is obligatory. If you do not provide the requested information, the Nursing Council of Hong Kong may turn down your application.

### Classes of Transferees

The personal data you provided are mainly for use within the Nursing Council of Hong Kong, but they may also be disclosed to other Government bureaux, departments, agencies, or authorities for the purpose mentioned above, if necessary. Other than that, such data will only be disclosed to other parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance (Cap 486, Laws of Hong Kong). Please notify the Nursing Council of Hong Kong whenever there is any change of your personal data.

### Access to Personal Data

You have a right of access and correction with respect to personal data as provided in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of the data.

### Enquiries

Enquiries concerning the personal data provided, including access and the making of corrections, should be addressed to: -

Nursing Council Secretariat  
5/F, High Block, Queensway Government Offices,  
66 Queensway  
Hong Kong  
Tel. : 2527 8325  
Fax : 2527 2277  
E-mail : nc@dh.gov.hk

**NURSING COUNCIL OF HONG KONG****Application Form for Accreditation / Re-accreditation as an Administrator of Continuing Nursing Education***(The applicant must be a valid CNE Provider)***Part I: General Organisation Information**

**Name of the Organisation / Government Department** : \_\_\_\_\_ (Eng)

: \_\_\_\_\_ (Chi)

**Nature of the Organisation** : ☐ Government Department with Nursing Workforce  
**Please “✓” the most appropriate option** : ☐ Statutory Body for Healthcare with Nursing Workforce  
: ☐ Professional Body (Nursing)  
: ☐ Professional Body (Others)  
: ☐ Tertiary Nursing Training Institution  
: ☐ Private Hospital  
: ☐ Others: \_\_\_\_\_

**Person-in-charge of the Organisation / Government Department** : \_\_\_\_\_

**Name of the CNE Administrator Unit in-charge** : \_\_\_\_\_  
**(If different from Person-in-charge of the Organisation)**

**Correspondence Address** : \_\_\_\_\_

**Telephone Number** : \_\_\_\_\_

**Fax. Number** : \_\_\_\_\_

**E-mail Address** : \_\_\_\_\_

## Part II: Documentation Report for Internal Evaluation of CNE Administrator

☐ Please tick as appropriate /Supplementary in separate sheet(s) if necessary.

The Council may request applicant to provide additional documentary proof if indicated.

### 1. Organisation Experience

Brief description of the Organisation's major duties and highlight key results and / or achievements related to nursing education or professional development.

Experience as a CNE Provider

From \_\_\_\_\_ to \_\_\_\_\_  
(no. of Years \_\_\_\_\_)

No. of CNE activities provided in last calendar year  
(e.g. January YYYY – December YYYY)

: \_\_\_\_\_

(Please provide a list of CNE activities separately)

Total no. of nurse attendees for CNE activities  
organised in last calendar year (e.g. January YYYY –  
December YYYY)

: \_\_\_\_\_

No. of active nurse members as at 01/01/YYYY

: \_\_\_\_\_

### 2. Professional Qualification

- (a) The CNE Administrator Unit in-charge, who oversees the day-to-day operations of the CNE function, must hold a degree in nursing or above, possess a valid practising certificate as a registered nurse, and have a minimum of seven years of post-registration experience. The applicant is required to submit a comprehensive Curriculum Vitae (CV) detailing their key competencies, and professional qualifications that demonstrate their suitability for this leadership role.

(Please use the CV template at Appendix 1 of this Application Form)

- (b) The Programme Assessor must hold a degree in nursing or above and possess a valid practising certificate as a registered nurse. The candidate is required to have a minimum of five years of post-registration experience, including expertise in organising teaching, training or staff development activities, or organising international learning activities such as conferences or workshops. Candidate must submit a CV outlining their relevant qualifications and experience in reviewing local / non-local programmes and calculating CNE points.  
(Please use the CV template at Appendix 2 of this Application Form)

### 3. Operational Plan

*If awarded, the applicant's performance will be monitored according to their reply in this section. The Council reserves the right to revoke CNE Administrator status for non-compliance.*

- (a) The procedure for the intake of nurses, including the agreement established with nurses and any statements provided to incoming nurses upon commencement.

- (b) The trend on number of active nurse members over the past twelve months (e.g. January YYYY – December YYYY):

Increasing / Decreasing / Static (delete if inappropriate)

The projected capacity to intake nurses upon taking up the CNE Administrator role:

Committed projected capacity as at DD/MM/YYYY: \_\_\_\_\_

Rationale of your estimation:

- (c) Method or mode for enabling nurses to access their CNE records:

- ☐ Regular notice in paper form
- ☐ Online platform
- ☐ Others, please elaborate: \_\_\_\_\_

(d) Frequency to update CNE record for nurses

- ☐ Daily
- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly
- ☐ Others \_\_\_\_\_

#### **4. Quality Assurance**

(a) Outline your organisation's policy / mechanism to ensure the accuracy and validity of CNE records and the correct calculation of CNE points:

#### **5. Contingency and Risk Management**

(a) The mechanism to ensure data privacy and prevent data loss, and ensure full compliance with the requirements of the Personal Data (Privacy) Ordinance:

(b) The contingency mechanism in the event of an electronic record system failure:

## 6. Charging System Proposal

(a) Proposal for charging system with the indicative charge for the proposed services.

## 7. List of personnel responsible for CNE Administrator unit

The CNE Administrator Unit in-charge, who oversees the day-to-day operations of the CNE function:

*Name*

*Highest Academic Qualification*

*Position / Title*

List of CNE Programme Assessor(s) responsible for validating CNE learning activities, assessing CNE applications, assigning, calculating and recording CNE points awarded to nurses.

*Name(s)*

*Highest Academic Qualification*

*Position / Title*



**Part IIa – List of approved non-local training organisations / activities outside the Council's pre-approved list (only for re-accreditation as CNE Administration application)**

*(Supplementary in separate sheet(s) if necessary)*

| Title of the Programme / Activity | Name of organiser | Objectives | Period & Location | Speaker(s) (Name(s) & Professional Qualifications) | Total CNE / CPE / CPD credit(s), if any | Mode of Training / Education e.g. Conference / workshop | Remarks |
|-----------------------------------|-------------------|------------|-------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------|---------|
|                                   |                   |            |                   |                                                    |                                         |                                                         |         |
|                                   |                   |            |                   |                                                    |                                         |                                                         |         |
|                                   |                   |            |                   |                                                    |                                         |                                                         |         |

**Part III: Checklist**

To facilitate the processing of your application, please ensure that your application includes the following documents before submission. The Council may request applicant to provide additional documentary proof if indicated.

|                          |                                                                                                                                                                                                                                                                                                                            |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 1. Completed Part I: General Organisation Information                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | 2. Completed Part II: Documentation Report for Internal Evaluation of CNE Administrator                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | 3. A list of CNE activities provided between <b>January YYYY and December YYYY</b>                                                                                                                                                                                                                                         |
| <input type="checkbox"/> | 4. Evidence of financial soundness and capability for the latest three consecutive years, demonstrating financial stability (e.g., auditor's report, profit and loss statement, balance sheet, statement of cash flows, or notes to the accounts)<br><i>(If being unable to provide, please provide explanation below)</i> |
| <input type="checkbox"/> | 5. Curriculum Vitae (CV) of the CNE Administrator Unit in-charge                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | 6. Curriculum Vitae (CV) of the CNE Administrator Programme Assessor(s)                                                                                                                                                                                                                                                    |

**Submitted and signed by the Unit-in-charge of the CNE Administrator unit:**

Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Position / Title : \_\_\_\_\_ Date : \_\_\_\_\_

Contact No. : \_\_\_\_\_ Email : \_\_\_\_\_

Submitted for : \_\_\_\_\_  
(Organisation Name)

**(Appendix 1) CV Template for CNE Administrator Unit in-charge**  
**Application for Accreditation as an Administrator of**  
**Continuing Nursing Education**  
**Curriculum Vitae (CV) of Unit in-charge**

|                                                |                                         |
|------------------------------------------------|-----------------------------------------|
| Full Name (as shown on the Council's register) | :                                       |
| Currently Registered with the Council          | Yes / No (please delete as appropriate) |
| Year of Registration (RN)                      | :                                       |
| Registration Number                            | :                                       |
| Name of Present Employing Institution          | :                                       |
| Present Rank / Post                            | :                                       |

Please list here-under, in reverse chronological order, your qualifications in nursing / education / management:

| Year of Attainment | Qualifications | Institution |
|--------------------|----------------|-------------|
|                    |                |             |
|                    |                |             |
|                    |                |             |
|                    |                |             |
|                    |                |             |
|                    |                |             |
|                    |                |             |

Please list hereunder, in reverse chronological order, your experiences in nursing:

| Period | Rank / Post | Institution |
|--------|-------------|-------------|
|        |             |             |
|        |             |             |
|        |             |             |
|        |             |             |
|        |             |             |
|        |             |             |
|        |             |             |

Please list hereunder, in reverse chronological order, a record of your own CNE training in the past three year (**January YYYY to December YYYY**). A minimum of 45 CNE points is required.

| Date | Course / Programme | Organiser | CNE Point(s) Obtained |
|------|--------------------|-----------|-----------------------|
|      |                    |           |                       |
|      |                    |           |                       |
|      |                    |           |                       |
|      |                    |           |                       |
|      |                    |           |                       |
|      |                    |           |                       |
|      |                    |           |                       |
|      |                    |           |                       |
|      |                    |           |                       |

Please provide examples that demonstrate your leadership and management competencies to support your suitability for assuming the role of CNE Administrator Unit in-charge.

### **Personal Information Collection Statement**

I have read the Personal Information Collection Statement and give my consent for the Council to use my personal data as provided in this CV for processing the application for accreditation as an Administrator of Continuing Nursing Education submitted by the applicant organisation.

Signature : \_\_\_\_\_

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

## PERSONAL DATA COLLECTION STATEMENT

### Purpose of Collection

The personal data you provided to the Nursing Council of Hong Kong are for the purpose of the application you are currently making only. The provision of personal data is obligatory. If you do not provide the requested information, the Nursing Council of Hong Kong may turn down your application.

### Classes of Transferees

The personal data you provided are mainly for use within the Nursing Council of Hong Kong, but they may also be disclosed to other Government bureaux, departments, agencies or authorities for the purpose mentioned above, if necessary. Other than that, such data will only be disclosed to other parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance (Cap 486, Laws of Hong Kong). Please notify the Nursing Council of Hong Kong whenever there is any change of your personal data.

### Access to Personal Data

You have a right of access and correction with respect to personal data as provided in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of the data.

### Enquiries

Enquiries concerning the personal data provided, including access and the making of corrections, should be addressed to: -

Nursing Council Secretariat  
5/F, High Block, Queensway Government Offices,  
66 Queensway  
Hong Kong  
Tel. : 2527 8325  
Fax : 2527 2277  
E-mail : nc@dh.gov.hk

**(Appendix 2) CV Template for Programme Assessor**

**Application for Accreditation as an Administrator of  
Continuing Nursing Education  
Curriculum Vitae (CV) of Programme Assessor**  
*(Each Programme Assessor is required to fill in one CV)*

|                                                |                                         |
|------------------------------------------------|-----------------------------------------|
| Full Name (as shown on the Council's register) | :                                       |
| Currently Registered with the Council          | Yes / No (please delete as appropriate) |
| Year of Registration (RN)                      | :                                       |
| Registration Number                            | :                                       |
| Name of Present Employing Institution          | :                                       |
| Present Rank / Post                            | :                                       |

Please list hereunder, in reverse chronological order, your qualifications in nursing/ education:

| Year of Attainment | Qualifications | Institution |
|--------------------|----------------|-------------|
|                    |                |             |
|                    |                |             |
|                    |                |             |
|                    |                |             |
|                    |                |             |
|                    |                |             |
|                    |                |             |

Please list hereunder, in reverse chronological order, your experiences in nursing:

| Period | Rank / Post | Institution |
|--------|-------------|-------------|
|        |             |             |
|        |             |             |
|        |             |             |
|        |             |             |
|        |             |             |
|        |             |             |
|        |             |             |

Please list here under, in reverse chronological order, your experience in organising teaching / learning or staff development activities or organising international learning activities such as conferences or workshops.

| <b>Date</b> | <b>Course / Programme</b> | <b>No. of Participants</b> |
|-------------|---------------------------|----------------------------|
|             |                           |                            |
|             |                           |                            |
|             |                           |                            |
|             |                           |                            |
|             |                           |                            |
|             |                           |                            |
|             |                           |                            |
|             |                           |                            |
|             |                           |                            |

Please list hereunder, in reverse chronological order, a record of your own CNE training in the past three year (January YYYY to December YYYY). A minimum of 45 CNE points is required.

| <b>Date</b> | <b>Course / Programme</b> | <b>Organiser</b> | <b>CNE Point(s) Obtained</b> |
|-------------|---------------------------|------------------|------------------------------|
|             |                           |                  |                              |
|             |                           |                  |                              |
|             |                           |                  |                              |
|             |                           |                  |                              |
|             |                           |                  |                              |
|             |                           |                  |                              |

### **Personal Information Collection Statement**

I have read the Personal Information Collection Statement and give my consent for the Council to use my personal data as provided in this CV for processing the application for accreditation as an Administrator of Continuing Nursing Education submitted by the applicant organisation.

Signature : \_\_\_\_\_

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

## PERSONAL INFORMATION COLLECTION STATEMENT

### Purpose of Collection

The personal data you provided to the Nursing Council of Hong Kong are for the purpose of the application you are currently making only. The provision of personal data is obligatory. If you do not provide the requested information, the Nursing Council of Hong Kong may turn down your application.

### Classes of Transferees

The personal data you provided are mainly for use within the Nursing Council of Hong Kong, but they may also be disclosed to other Government bureaux, departments, agencies or authorities for the purpose mentioned above, if necessary. Other than that, such data will only be disclosed to other parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance (Cap 486, Laws of Hong Kong). Please notify the Nursing Council of Hong Kong whenever there is any change of your personal data.

### Access to Personal Data

You have a right of access and correction with respect to personal data as provided in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of the data.

### Enquiries

Enquiries concerning the personal data provided, including access and the making of corrections, should be addressed to: -

Nursing Council Secretariat  
5/F, High Block, Queensway Government Offices,  
66 Queensway  
Hong Kong  
Tel. : 2527 8325  
Fax : 2527 2277  
E-mail : nc@dh.gov.hk

**Annex F**

**NURSING COUNCIL OF HONG KONG**  
**Form for Reporting Organisational Changes for Accredited Continuing Nursing**  
**Education (CNE) Provider / Administrator**

*(According to Manual for Mandatory CNE System for Nurses session 2 Accreditation as A Provider / Administrator of Continuing Nursing Education”, to maintain accredited status, accredited organisations must report changes in any of the reported data using this form within 30 days for Council’s review and decision.)*

**Please fill in the relevant session(s):**

**A. Changes to the Organisation Name (Effective Date:\_\_\_\_\_)**

Original Name (Eng): \_\_\_\_\_

(Chi): \_\_\_\_\_

New Name (Eng): \_\_\_\_\_

(Chi): \_\_\_\_\_

**B. Changes to the Correspondence Address (Effective Date:\_\_\_\_\_)**

New

Correspondence

Address:

\_\_\_\_\_

\_\_\_\_\_

**C. Changes to the Person-in-charge of the Organisation (Effective Date:\_\_\_\_\_)**

Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



**D. Delegation and/or Changes of delegated officer(s) to sign the \*certificates / written statements / records of CNE programmes / activities or sign the individual nurses' summary log sheet for cumulative CNE points to the Council (Effective Date: \_\_\_\_\_)**

(\*Please delete where inappropriate)

**Addition to the list of delegated officers:**

| Name of the delegated officer | Title / Position |
|-------------------------------|------------------|
| 1.                            |                  |
| 2.                            |                  |
| 3.                            |                  |
| 4.                            |                  |
| 5.                            |                  |

Justifications of the delegation: \_\_\_\_\_

---



---



---

**Removal to the list of delegated officers:**

| Name of the delegated officer | Title / Position |
|-------------------------------|------------------|
| 1.                            |                  |
| 2.                            |                  |
| 3.                            |                  |
| 4.                            |                  |
| 5.                            |                  |

**E. Changes to Name of the \*Provider / Administrator unit (Effective Date: \_\_\_\_\_)**

(\*Please delete where inappropriate)

Name of the Original \*Provider / Administrator unit: \_\_\_\_\_

Name of the New \*Provider / Administrator unit: \_\_\_\_\_

**F. Changes to the Beliefs and Goals of the CNE Provider unit (Effective Date: \_\_\_\_\_)**

New Beliefs and Goals of the CNE Provider unit:

**G. Changes to the Educational Goals of the CNE Provider unit (Effective Date: \_\_\_\_\_)**

New Educational Goals of the CNE Provider unit:

**H. Changes to the Administrative and Organisational Structure (Effective Date: \_\_\_\_\_)**

New Administrative and Organisational Structure *(please provide the organisational chart(s) or other schematic(s) that depict the Provider unit's line of authority and organisational communication within the organisation as a whole as well as within the Provider unit):*

**I. Changes to the Unit-in-charge of the Overall Day-to-day Management and Operation of the \*Provider / Administrator unit (Effective Date: \_\_\_\_\_)**

*(\*Please delete where inappropriate)*

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Qualifications)

\_\_\_\_\_  
(Position / Title)

**J. Changes to the List of Nurse \*Planners / Programme Assessors****(Effective Date: \_\_\_\_\_)****(\*Please delete where inappropriate)**

Addition of Nurse \*Planner(s) / Programme Assessor(s) to the list (*please provide the CV(s) of the Nurse \*Planner(s) / Programme Assessor(s) by using Annex Form at this “Manual of Mandatory Continuing Nursing Education System”*):

| <i>Name(s)</i> | <i>Professional Qualifications</i> | <i>Position / Title</i> |
|----------------|------------------------------------|-------------------------|
| _____          | _____                              | _____                   |
| _____          | _____                              | _____                   |
| _____          | _____                              | _____                   |

Removal of Nurse \*Planners/ Programme Assessor(s) from the list:

| <i>Name(s)</i> | <i>Professional Qualifications</i> | <i>Position / Title</i> |
|----------------|------------------------------------|-------------------------|
| _____          | _____                              | _____                   |
| _____          | _____                              | _____                   |
| _____          | _____                              | _____                   |

**K. Others**

Please specify and provide supporting documents as appropriate:

**Submitted by the Unit-in-charge of the accredited \*Provider / Administrator:**

|                     |         |           |         |
|---------------------|---------|-----------|---------|
| Name                | : _____ | Signature | : _____ |
| Position / Title    | : _____ | Date      | : _____ |
| Contact No.         | : _____ | Email     | : _____ |
| Submitted for       | : _____ |           |         |
| (Organisation Name) |         |           |         |

(\*Please delete where inappropriate)

**Continuing Nursing Education (CNE) Log Sheet – Personal CNE Records (Sample)**

**Annex G - Continuing Nursing Education (CNE) Log Sheet – Personal CNE Records (Sample)**

|                                                                                  |                                      |
|----------------------------------------------------------------------------------|--------------------------------------|
| Name of Nurse (as shown on the Council's register/roll)                          | : Chan Tai-man 陳太文                   |
| Registration / Enrolment* Number                                                 | : RNCMI234567                        |
| Valid period of the practising certificate                                       | : From 1-Jan-27 to 31-Dec-29         |
| CNE cycle                                                                        | : From 1-Jul-26 to 30-Jun-29         |
| Minimum CNE Points required within this cycle                                    | : 30/ 45 or ( )                      |
| Cumulative CNE points obtained                                                   | : 55                                 |
| Name of Administrator                                                            | : XXX organisation CNE administrator |
| Signature of CNE Administrator in-charge or organisation delegate (if published) | : _____                              |
| Date (if published)                                                              | : DD/MM/YYYY                         |

**(This is to certify the below information is true and correct)**

**CNE Activities Provided by Accredited CNE Providers**

| No of programmes | Nature of Continuing Nursing Education Activities - Categories                   | Title of Continuing Nursing Education Activities                  | Course Code    | Date of Attendance |                 | No of CNE hour(s) | No. of CNE Points awarded | Name of Accredited CNE Provider   | Name of Organising Institute / Publication           | CNE points obtained are within the cycle (YES / NO) | Remarks |
|------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------|--------------------|-----------------|-------------------|---------------------------|-----------------------------------|------------------------------------------------------|-----------------------------------------------------|---------|
|                  |                                                                                  |                                                                   |                | From (dd/mm/yyyy)  | To (dd/mm/yyyy) |                   |                           |                                   |                                                      |                                                     |         |
| 1                | Learning activity – Conference / Seminar / Workshop / Training Course (1= 1 hr). | Orthopaedic nursing continuing professional development programme | 016-2026-08090 | 09/08/2026         | 15/08/2026      | 8                 | 8                         | Hong Kong Orthopaedic Association | Hong Kong Orthopaedic Association & HK Bone Fracture | YES                                                 |         |
| 2                | Learning activity – Conference / Seminar / Workshop / Training Course (1= 1 hr). | Certificate in infection control                                  | 122-2026-10152 | 15/10/2026         | 15/12/2026      | 22                | 22                        | The University of Hong Kong       | The University of Hong Kong                          | YES                                                 |         |
| 3                | Oral presentation at course/seminar (1)                                          | Seminar on Lymphedema Care and Compression Therapy                | 009-2029-00033 | 12/01/2029         | 12/01/2029      | 1                 | 1                         | Hong Kong Wound Care Society      | Hong Kong Wound Care Society                         | YES                                                 |         |

**Publication / Presentation**

| No of programmes | Nature of Continuing Nursing Education Activities - Categories | Title of Continuing Nursing Education Activities                                                         | Date of Attendance |                 | No. of CNE Points awarded | Name of Organising Institute / Publication                 | CNE points obtained are within the cycle (YES / NO) | Name of Programme Assessor who verified the CNE point(s) |
|------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------|-----------------|---------------------------|------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
|                  |                                                                |                                                                                                          | From (dd/mm/yyyy)  | To (dd/mm/yyyy) |                           |                                                            |                                                     |                                                          |
| 1                | Co-author – Journal article published (5).                     | Article title: A Study on Provision of Quality Care in Patients with Permanent Tracheostomies            | -                  | -               | 5                         | Hong Kong Respiratory Journal Vol 2 2027                   | YES                                                 | Amy LI                                                   |
| 2                | Co-author – Journal article published (5).                     | Article title: A study on EOL care with pain killers                                                     | --                 | --              | 5                         | Name of Journal: World Council of EOL Journal Vol. 22/2027 | YES                                                 | Amy LI                                                   |
| 3                | Presenting author - Oral presentation in conference (5).       | Presentation title: A systematic review of wrist-ankle acupuncture on post-stroke shoulder hand syndrome | 05/01/2028         | 05/01/2028      | 5                         | ISQUA / Canada Stroke Partnership-International Conference | YES                                                 | Nancy CHAN                                               |

**Pre-approved Non-local Learning Activities / Other Not pre-approved Non-local Learning Activities**  
 \*(A maximum of 9 CNE points for RNs and a maximum of 6 CNE points for ENs)

| No of programmes | Nature of Continuing Nursing Education Activities -Categories                    | Title of Continuing Nursing Education Activities                        | Date of Attendance |                 | No of CNE hour(s) | No. of CNE Points awarded | Name of Organising Institute / Publication  | CNE points obtained are within the cycle (YES / NO) | Name of Programme Assessor who verified the CNE point(s) |
|------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|-----------------|-------------------|---------------------------|---------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
|                  |                                                                                  |                                                                         | From (dd/mm/yyyy)  | To (dd/mm/yyyy) |                   |                           |                                             |                                                     |                                                          |
| 1                | Clinical practicum/Structured visit (1=2hr).                                     | Clinical Practicum for Post Graduate Course on Respiratory Nursing Care | 12/10/2028         | 11/12/2028      | 28                | 14                        | Name of Journal: Nursing Care Vol.15/200127 | YES                                                 | Nancy CHAN                                               |
| 2                | Learning activity - Conference / Seminar / Workshop / Training Course (1= 1 hr). | ISQUA: Patient Empowerment                                              | 15/10/2026         | 15/12/2026      | 6                 | 6                         | ISQUA                                       | YES                                                 | Amy LI                                                   |

**Cumulative Continuing Nursing Education (CNE) Points within a CNE Cycle (Sample)****Annex G1 - Cumulative Continuing Nursing Education (CNE) Points within a CNE Cycle (Sample)**

|                                                                                  |                                             |
|----------------------------------------------------------------------------------|---------------------------------------------|
| Name of Nurse (as shown on the Council's register/roll)                          | : <u>Chan Tai-man 陳泰文</u>                   |
| Registration / <del>Enrolment</del> * Number                                     | : <u>RNGM1234567</u>                        |
| Valid period of the practising certificate                                       | : From <u>1-Jan-27</u> to <u>31-Dec-29</u>  |
| CNE cycle                                                                        | : From <u>1-Jul-26</u> to <u>30-Jun-29</u>  |
| Minimum CNE Points required within this cycle                                    | : <u>*30 / 45 or ( )</u>                    |
| Cumulative CNE points obtained                                                   | : <u>55</u>                                 |
| Name of Administrator                                                            | : <u>XXX organisation CNE administrator</u> |
| Signature of CNE Administrator in-charge or organisation delegate (if published) | : _____                                     |
| Date (if published)                                                              | : <u>DD/MM/YYYY</u>                         |

**(This is to certify the information is true and correct)**

\*Please delete if inappropriate

**Notification to Nursing Council of Hong Kong on**  
**(Part A) Recognition of Continuing Nursing Education (CNE) Points for Non-local Activities**  
**Not on the Council's Pre-approved List**

**OR**

**(Part B) Non-local Programmes / Activities Requiring Professional Development Committee**  
**(PDC) Advice**

**Part A:** This is to notify the Council that the CNE points for a non-local CNE programme/activity have been approved by the CNE Administrator, as listed in the table below.

*(Supplementary in separate sheet(s) if necessary)*

| Title of the Programme / Activity | Name of organiser | Objectives | Period & Location | Speaker(s) (Name(s) & Professional Qualifications) | Total CNE / CPE / CPD credit(s), if any | Mode of Training / Education e.g. Conference / workshop | Remarks |
|-----------------------------------|-------------------|------------|-------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------|---------|
|                                   |                   |            |                   |                                                    |                                         |                                                         |         |
|                                   |                   |            |                   |                                                    |                                         |                                                         |         |

**Part B:** This is to notify the Council that any non-local learning activities listed below that do not meet pre-approved criteria or involve uncertainties must be submitted to the Council's PDC for advice.

*(Supplementary in separate sheet(s) if necessary)*

| Title of the Programme / Activity | Name of organiser | Objectives | Period & Location | Speaker(s) (Name(s) & Professional Qualifications) | Total CNE / CPE / CPD credit(s), if any | Mode of Training / Education e.g. Conference / workshop | Remarks |
|-----------------------------------|-------------------|------------|-------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------|---------|
|                                   |                   |            |                   |                                                    |                                         |                                                         |         |
|                                   |                   |            |                   |                                                    |                                         |                                                         |         |

**Submitted by the Unit-in-charge of the accredited CNE Administrator:**

Name of Unit-in-charge : \_\_\_\_\_ Signature : \_\_\_\_\_  
 Position / : \_\_\_\_\_ Date : \_\_\_\_\_  
 Title : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_ Email : \_\_\_\_\_  
 Submitted for : \_\_\_\_\_  
 (Name of accredited CNE Administrator)

**Continuing Nursing Education (CNE) Summary Log Sheet for Cumulative CNE  
Points for Individual Nurses (Sample)**  
upon Practising Certificate Renewal Cycle  
CNE Administrator to Nursing Council of Hong Kong

Annex I - Continuing Nursing Education (CNE) Summary Log Sheet for Cumulative CNE points for Individual Nurses (Sample)  
upon Practising Certificate Renewal Cycle  
CNE Administrator to Nursing Council of Hong Kong

|                                                                   |                                             |    |                                                                    |
|-------------------------------------------------------------------|---------------------------------------------|----|--------------------------------------------------------------------|
| Name of Nurse (as shown on the Council's register/roll)           | : <u>Chan Tai-man 陳泰文</u>                   |    |                                                                    |
| Registration / <del>Enrolment</del> * Number                      | : <u>RNGM1234567</u>                        |    |                                                                    |
| Valid period of the practising certificate                        | : From <u>1-Jan-27</u>                      | to | <u>31-Dec-29</u>                                                   |
| CNE cycle                                                         | : From <u>1-Jul-26</u>                      | to | <u>30-Jun-29</u>                                                   |
| Minimum CNE Points required within this cycle                     | : <u>45</u>                                 | +  | * <u>          </u>                                                |
|                                                                   |                                             |    | {Additional CNE Points for Grace Period}<br>{8 for RN or 5 for EN} |
| Cumulative CNE points obtained (as at the date DD/MM/YYYY)        | : <u>55</u>                                 |    |                                                                    |
| Name of Administrator                                             | : <u>XXX organisation CNE administrator</u> |    |                                                                    |
| Signature of CNE Administrator in-charge or organisation delegate | : <u>XXXXXXXXX</u>                          |    |                                                                    |
| Date                                                              | : <u>DD/MM/YYYY</u>                         |    |                                                                    |

\*Please delete if inappropriate



## Continuing Nursing Education (CNE) Provider Activity – Record Template to Update CNE Administrator (Sample)

### Annex J- Continuing Nursing Education (CNE) Provider Activity – Record template to update CNE Administrator (Sample)

Name of Provider : IANIS/Hospital Authority

Signature of CNE Administrator in-charge or organisation delegate : XXXXXX XX

(This is to certify the below information is true and correct)

#### Local CNE Training Record

| Number of Participant | Participant name (as shown on the Council's register/roll) | RNEN registration/enrolment number | Nature of CNE Activities - categories<br><small>Learning activity - Conference / Seminar / Workshop / Training Course (1-1 hr)<br/>Participate in a discussion - Journal article publication (2)<br/>Give presentation - Journal article publication (3)<br/>Give lecture - Journal article publication (4)<br/>Give lecture - Journal article publication (5)<br/>Self-authorship - Published book (6)<br/>Self-authorship - published book (7)<br/>Self-authorship - chapters of a published book (8)<br/>Self-authorship - chapters of a published book (9)<br/>Clinical practice - Clinical audit (10-12)<br/>Presenting author - Oral presentation at conference (1)<br/>Co-authorship - Oral presentation at conference (1)<br/>First author - Poster presentation at conference (1)<br/>Co-authorship - Poster presentation at conference (1)<br/>Oral presentation at conference (1)</small> | Course Title                     | Course Code   | Date of Attendance |                 | No of CNE hour(s) | No of CNE Points awarded | Name of Accredited CNE Provider |
|-----------------------|------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------|--------------------|-----------------|-------------------|--------------------------|---------------------------------|
|                       |                                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |               | From (dd/mm/yyyy)  | To (dd/mm/yyyy) |                   |                          |                                 |
| 1                     | Chen Tai Min<br>(B0012)                                    | BN002399                           | Learning activity - Conference / Seminar / Workshop / Training Course (1-1 hr)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Certificate in infection control | HD-2025-00997 | 09/08/2025         | 15/08/2025      | 22                | 22                       | IANIS Hospital Authority        |

**Continuing Nursing Education (CNE) Provider Activity –  
Template of Certificate of Attendance (Sample)**

# *Certificate of Attendance*

*This is to certify that*

<Name>

(NCHK registration / enrolment number: <XXXXXXXX>)

*has attended*

<Programme name>

(Course code: <XXXXXX>)

*organised by*

<Name of accredited CNE Provider>

*held on*

<DD MMM YYYY, HH:MM to HH:MM>

Ms XXX

<Name of delegated officer>

<Title / Position>

<Name of accredited CNE Provider>

CNE:      Points /      Hours

Date of Issue:      <DD MMM YYYY>