

**The Nursing Council of Hong Kong**  
**Application for Recognition as an Advanced Practice Nurse**  
**under the Voluntary Scheme on Advanced and Specialised Nursing Practice**  
**Notes to Employers**

**Eligibility**

A currently employed **registered nurse (“RN”)** in Hong Kong meeting the following criteria should be eligible to apply for recognition as an advanced practice nurse (“APN”) with the Nursing Council of Hong Kong (“the Council”):

- (a) obtained a post-RN registration Clinical Master in Nursing / Health Science in the related specialty; **or**
- (b) obtained a post-RN registration Master degree in health related stream AND completed the Post-registration Certificate Course (“PRCC”) / Hospital Authority’s Specialty Nurse Recognition Scheme Certificate / recognised in-service training for at least 80 hours Note 1;  
**or**
- (c) is a Fellow of the Hong Kong Academy of Nursing (“HKAN”) or equivalent; **AND**
- (d) possessed six years of **full time post-registration nursing experience immediately prior to his/her application** in which at least the most recent four years must be serving in the related specialty area.

**Vetting Procedures**

1. Upon the receipt of an application, an authorised person appointed by the current employer should complete Part B on page 3 of the application form and certify the corresponding photocopy of each required document provided by the applicant accompanying his/her duly completed application form with a stamp containing the following information:
  - 1.1 signature of the authorised person and date marked under “Original Seen” / “Certified True Copy” or any wording with equivalent meaning; and
  - 1.2 full name and position in block letters of the authorised person.
2. Please assess whether the applicant concerned could apply for recognition as an APN by meeting the eligibility criteria (a), (b) or (c), and (d).
  - 2.1 To ascertain the eligibility of the applicant by criterion (a), please refer to the information as indicated in Part A(i) on page 1 of the application form, as well as the corresponding documentary proof(s), and check if the programme concerned is on the List of Clinical Master in Nursing / Health Science Programmes Note 2.
  - 2.2 To ascertain the eligibility of the applicant by criterion (b), please refer to the information as indicated in Part A(i) on page 1 of the application form, as well as the corresponding documentary proofs, and check if the programme concerned is on the List of Master Programmes in Health Related Stream Note 2, and whether he/she fulfilled any of the following with respect to his/her related specialty:

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**Note 1:** The recognised in-service training should be specialty training with structured content and clear learning outcomes, and have interaction as well as assessment components.

**Note 2:** The List of Clinical Master in Nursing / Health Science Programmes and the List of Master Programmes in Health Related Stream have been compiled with reference to courses recognised as attaining Level 6 of the Hong Kong Qualifications Framework. They are subject to regular review and update. The updated lists will be uploaded onto the website of the Council for reference.

- 2.2.1 completed Post-registration Certificate Course (“PRCC”),
- 2.2.2 Hospital Authority’s Specialty Nurse Recognition Scheme Certificate, or
- 2.2.3 recognised in-service training for at least 80 hours Note 1.

2.3 To ascertain the eligibility of the applicant by criterion (c), please refer to the information as indicated in Part A(ii) on page 2 of the application form, as well as the relevant documentary proof such as the diploma of fellowship issued by the HKAN, and check whether he/she is on the Lists of Fellow Members at the following hyperlink-[www.hkan.hk/main/en/membership/member-types/fellow-members](http://www.hkan.hk/main/en/membership/member-types/fellow-members).

2.4 To ascertain the fulfilment of criterion (d), the full time post-registration clinical experience of the applicant as indicated in Part A(iii) and (iv) on page 2 of the application form with previous (if applicable) and current employer(s) should be all considered. Please refer to either of the following:

2.4.1 For applicants who have been RNs currently employed by your company/organisation for less than six years, the applicants should provide documentary proofs Note 3 from both their previous employer(s) and the current employer, such as employment letter(s)/contract(s), or certification letter(s) certifying that the applicant possessed six years of full time post-registration nursing experience immediately prior to his/her application in which at least the most recent four years must be serving in the specialty area he/she is applying for; **OR**

2.4.2 For applicants who have been RNs currently employed by your company/organisation for six years and/or above, please confirm whether he/she has fulfilled the Council’s requirements by certifying his/her duration of full time post-registration clinical experience in the specialty area he/she is applying for immediately prior to the application Note 3.

3. Subject to meeting all the requirements for recognition as APNs, employers should send the applications of their current employees whose eligibility can be preliminarily confirmed or ascertained in one lot to the Central Registration Office of the Department of Health with the following documents:

3.1 a standardised covering letter Note 4 signed by the authorised person of your company/organisation confirming the applicants concerned have fulfilled the Council’s requirements for recognition and a list of applicants qualified for recognition with their full names in Chinese and English (which must match with the Register of Nurses), year of registration, academic/professional qualifications, as well as the duration of full time post-registration clinical experience immediately prior to application and in a particular specialty respectively (in years); and

3.2 One set of the following documents for each applicant:

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**Note 3:** A sample is at **Appendix I**.

**Note 4:** The standardised covering letter is at **Appendix II**.

- 3.2.1 a duly completed application form for recognition as an APN in Hong Kong;
  - 3.2.2 an original declaration form on page 4 of the application form completed not more than six months before the application for recognition as an APN;
  - 3.2.3 a certified true copy of graduation certificate / transcripts of studies showing that the applicant concerned has obtained a Clinical Master in Nursing / Health Science in the related specialty, or a Master degree in health related stream;
  - 3.2.4 for non-local qualifications which are not included in the List of Clinical Master in Nursing / Health Science Programmes and the List of Master Programmes in Health Related Stream published on the Council's website, a certified true copy of the qualifications assessment report certifying its master degree level, i.e. Level 6 of the Hong Kong Qualification Framework, issued by the HKCAAVQ;
  - 3.2.5 a certified true copy of proof of completion of the related specialty training programme, i.e. Post-registration Certificate Course ("PRCC") / Hospital Authority's Specialty Nurse Recognition Scheme Certificate / recognised in-service training for at least 80 hours, if any;
  - 3.2.6 a certified true copy of diploma of fellowship of the HKAN or equivalent, if any; and
  - 3.2.7 original and/or certified true copy of documentary proof(s) certifying that the applicant possessed six years of full time post-registration nursing experience immediately prior to his/her application in which at least the most recent four years must be serving in the related specialty area, issued and/or certified by the applicant's employer(s).
4. The Central Registration Office will process the applications and liaise with the employers if there is any discrepancy or missing information.
  5. Upon approval of the applications by the Council, the Central Registration Office will inform the applicants of the result and issue a Certificate of Recognition to each successful applicant through their current employers. The certificates of recognition will be valid until the implementation of statutory registration of advanced practice nurses. The Council will maintain and upload the list of APNs to the website of the Council for public reference.

### **Enquiries**

For enquiries, please contact the Council Secretariat at **(852) 2527 8334** during office hours, or by e-mail at **pa1\_nmc@dh.gov.hk**.

The office hours of the Council Secretariat are as follows:

Mondays: 9:00 a.m. to 6:00 p.m. (*Lunch Hours: 1:00 p.m. to 2:00 p.m.*)  
Tuesdays to Fridays: 9:00 a.m. to 5:45 p.m. (*Lunch Hours: 1:00 p.m. to 2:00 p.m.*)

Closed on Saturdays, Sundays and Public Holidays

To: Central Registration Office, Boards & Councils Office, Department of Health  
17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong

**Certification for Clinical Experience**

This is to certify that \_\_\_\_\_  
*(Full name in English and Chinese of the applicant)*

has been in the employment of \_\_\_\_\_  
*(Name of organisation)*

from \_\_\_\_\_ to \_\_\_\_\_ serving in the following specialty area^:  
*(Starting date) (Completion date)*

Cardiac Nursing <input type="checkbox"/>	Community, Primary and Public Health Nursing <input type="checkbox"/>	Critical Care Nursing <input type="checkbox"/>	Education and Research in Nursing <input type="checkbox"/>
Emergency Care Nursing <input type="checkbox"/>	Gerontology Nursing <input type="checkbox"/>	Gynaecology Nursing <input type="checkbox"/>	Infection Control in Nursing <input type="checkbox"/>
Management in Nursing <input type="checkbox"/>	Medical Nursing <input type="checkbox"/>	Mental Health Nursing <input type="checkbox"/>	Oncology Nursing <input type="checkbox"/>
Orthopaedic Nursing <input type="checkbox"/>	Paediatric Nursing <input type="checkbox"/>	Perioperative and Anaesthesia Nursing <input type="checkbox"/>	Surgical Nursing <input type="checkbox"/>

Total number of years of full time post-registration clinical experience of the applicant in the abovementioned specialty area is \_\_\_\_\_ years \_\_\_\_\_ months while the total number of years of full time clinical experience in our organisation is \_\_\_\_\_ years \_\_\_\_\_ months.

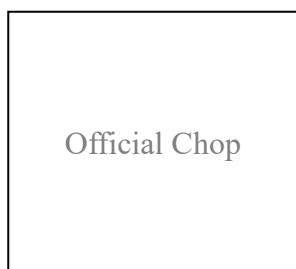
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*(in block letters)*

Name of organisation: \_\_\_\_\_

Position: \_\_\_\_\_

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



^ Please only put ONE tick in the boxes provided as appropriate.

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

**Applications for Recognition as Advanced Practice Nurses**

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

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

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

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

Name: \_\_\_\_\_  
*(in block letters)*

Name of organisation: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

	<b>Name in English</b>	<b>Name in Chinese</b>	<b>Year of Registration</b>	<b>Specialty Code</b> <small>Note 1</small>	<b>Academic / Professional Qualifications</b> <small>Note 2</small>	<b>Clinical Experience in the relevant specialty area</b> <small>Note 3</small> <b>(e.g. 7 Y 3 M)</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Notes:**

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

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

2) Please fill in either (a), (b) or (c) with reference to the following:

- (a) the applicant has obtained a post-RN registration Clinical Master in Nursing / Health Science in related specialty; or
- (b) the applicant has obtained a post-RN registration Master degree in health related stream AND completed the Post-registration Certificate Course ("PRCC") / Hospital Authority's Specialty Nurse Recognition Scheme Certificate / recognised in-service training for at least 80 hours; or
- (c) the applicant is a fellow of HKAN or equivalent.

3) Please fill in the total number of years of full time post-registration clinical experience in the relevant specialty area of the applicants in the format of "xx Years xx Months" as at the month of application.