



# **Voluntary Scheme on Advanced and Specialised Nursing Practice**

## **Online Briefing for Employers**

**Nursing Council of Hong Kong**

26 January 2021 (Tuesday)

# Part I

# Background & Development

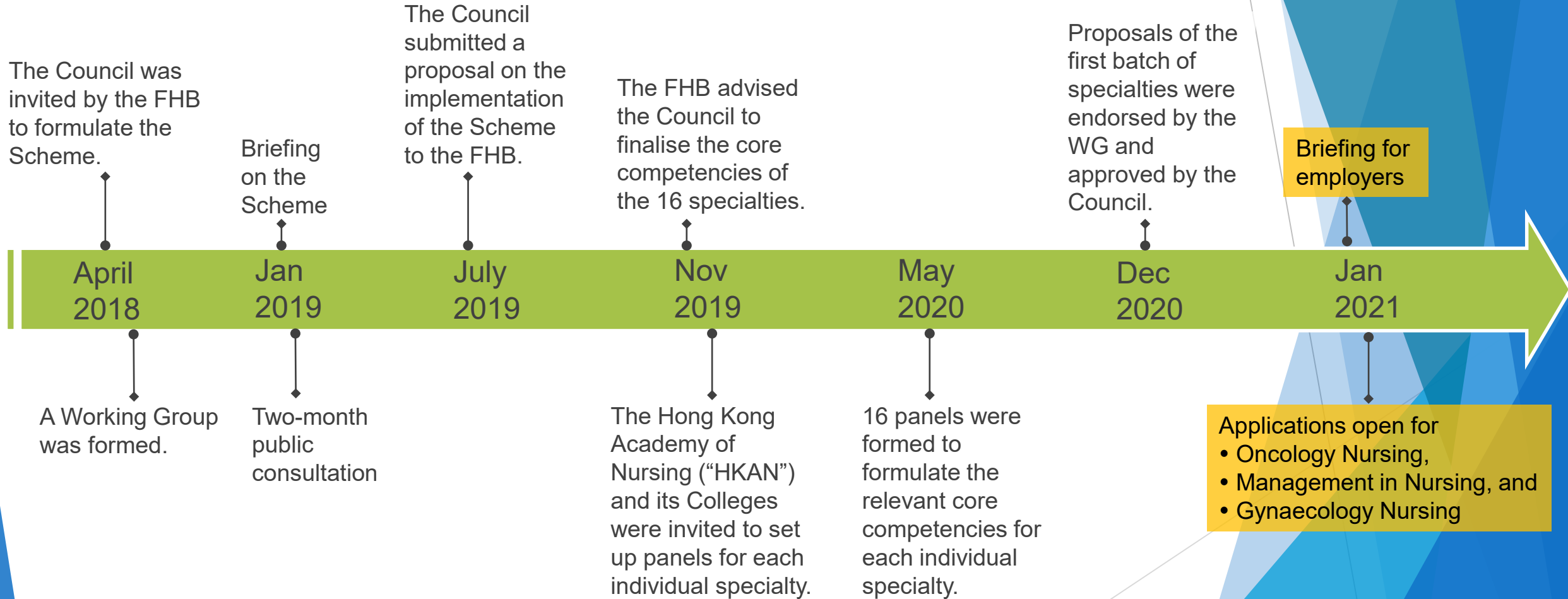
**Professor Agnes TIWARI**

Chairman of the Nursing Council of Hong Kong,  
Convenor of the Working Group on Advanced and Specialised Nursing Practice

# Background

- ▶ In view of the ageing population and increasing demand for public healthcare services, the Government recognised the pivotal role played by nurses in revitalising healthcare systems through advanced nursing practice and enhanced clinical specialties.
- ▶ The Nursing Council of Hong Kong ("the Council") was invited by the Food and Health Bureau ("FHB") to formulate a voluntary scheme on advanced and specialised nursing practice ("the Scheme") with a view to
  - ▶ advance the professional competence of nurses; and
  - ▶ pave the way for setting up a statutory registration system in the long run.

# Development



# **Part II**

# **Eligibility &**

# **Vetting Procedures**

Secretariat, Nursing Council of Hong Kong

# A. Eligibility

**A currently employed registered nurse (“RN”) in Hong Kong meeting the following criteria should be eligible to apply for recognition as an APN with 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;
- OR**
- c) a Fellow of the Hong Kong Academy of Nursing (“HKAN”) or equivalent;

*Recognised in-service training should be **specialty training** with **structured content** and **clear learning outcomes**, and have **interaction** as well as **assessment components**.*

**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

## **B. Vetting Procedures**



# B. Vetting Procedures

**Employers**

- 1. Certifying documents
- 2. Assessing the eligibility (a / b / c + d)
- 3. Submitting ascertained applications (in one lot w/ cover)

**Council**

- 1. Conducts preliminary checking
- 2. Seeks endorsement of the Council
- 3. Informs the applicants of the results via employers

*Applications of unconfirmed / unascertained eligibility*

**Applicants**



# 1. Certifying documents

by authorised person(s) of  
your company/organisations

➤ On photocopy of each document

➤ Part B on page 3 of the application form

## ORIGINAL SEEN

Signed: Chan  
Date: 07-Jan-2021  
Name: CHAN Tai-man  
Position: HR Manager

## CERTIFIED TRUE

## COPY

Signed: Chan  
Date: 07-Jan-2021  
Name: CHAN Tai-man  
Position: HR Manager

### B. To be filled in by the current employer

I certify that I have personally checked the personal particulars, the post-registration academic and professional qualifications and the post-registration clinical experience in the relevant specialty area together with the supporting documents provided in the application form.

Signature: Chan  
Name: CHAN Tai-man  
Name of organisation: ABC Medical  
Position: HR Manager  
Tel No.: 2123 4567  
Date: 07-Jan-2021

(Last updated in November 2020)

## 2. Assessing the eligibility: criterion (a)

- 1) Go to **Part A(i) on page 1 of the application form**, as well as the corresponding documentary proof(s), and
  - 2) Check if the programme is on the **List of Clinical Master in Nursing / Health Science Programmes**.
- If ascertained, go to Part A(iii) on page 2 of the application and check the applicant's **full time post-registration clinical experience (eligibility criterion d)**.

**THE NURSING COUNCIL OF HONG KONG**  
**APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE NURSE**

*Note 1: The provision of personal data is voluntary. If you do not provide sufficient information, however, the Nursing Council of Hong Kong ("the Council") may not be able to process your application for recognition as an advanced practice nurse.*  
*Note 2: Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.*  
*Note 3: If there is any change in your address as recorded in the register of nurses, please notify the Council Secretariat separately by the prescribed form.*  
*Note 4: Applicants whose applications are not supported by their employers may appeal to the Council in 30 days upon receipt of notification by the employers. Such applications for appeal should be submitted with a letter issued by the employers setting out details of the reasons for not recommending the applications, and full set of supporting documents provided by the applicants in support of the applications.*

**A. To be filled in by the applicant**

I, (\*Mr/Ms/Miss/Mrs/Dr) .....  
*(Full name in English and Chinese (if applicable) must match with the Register of Nurse)*

holder of \*Hong Kong Identity Card No./Passport No. ....

a Hong Kong Registered Nurse ..... registered on .....  
*(Registration No.) (Date of Registration)*

of .....  
*(Correspondence address in Hong Kong in both English and Chinese)*

Tel. No. .... and E-mail address .....

hereby apply for recognition as an advanced practice nurse in the following specialty<sup>^</sup> with the Council via my current employer:

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"/>

I voluntarily provide the following information with documentary support to facilitate the application:

(i) Post-registration Academic Qualifications / Related Specialty Training <sup>Note:</sup>

Training Institution (name and address)	Title of the Programme	Training Period	
		From (Month/Year)	To (Month/Year)

**Note:** Applicants may be required to provide documentary proof on qualification assessment conducted by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications at their own cost.

1

→ **Ascertained**, go to Part A(iii) on page 2 of the application and check the applicant's **full time post-registration clinical experience (eligibility criterion d)**.

(i) → Post-registration Academic Qualifications / Related Specialty Training Note:

Training Institution (name and address)	Title of the Programme	Time	
		From (Month/Year)	To (Month/Year)
The Chinese University of Hong Kong	MSc in Health Services Management	09/2017	08/2019

**List of Local Clinical Master in Nursing / Health Science Programmes to be recognised under the Voluntary Scheme on Advanced and Specialised Nursing Practice**

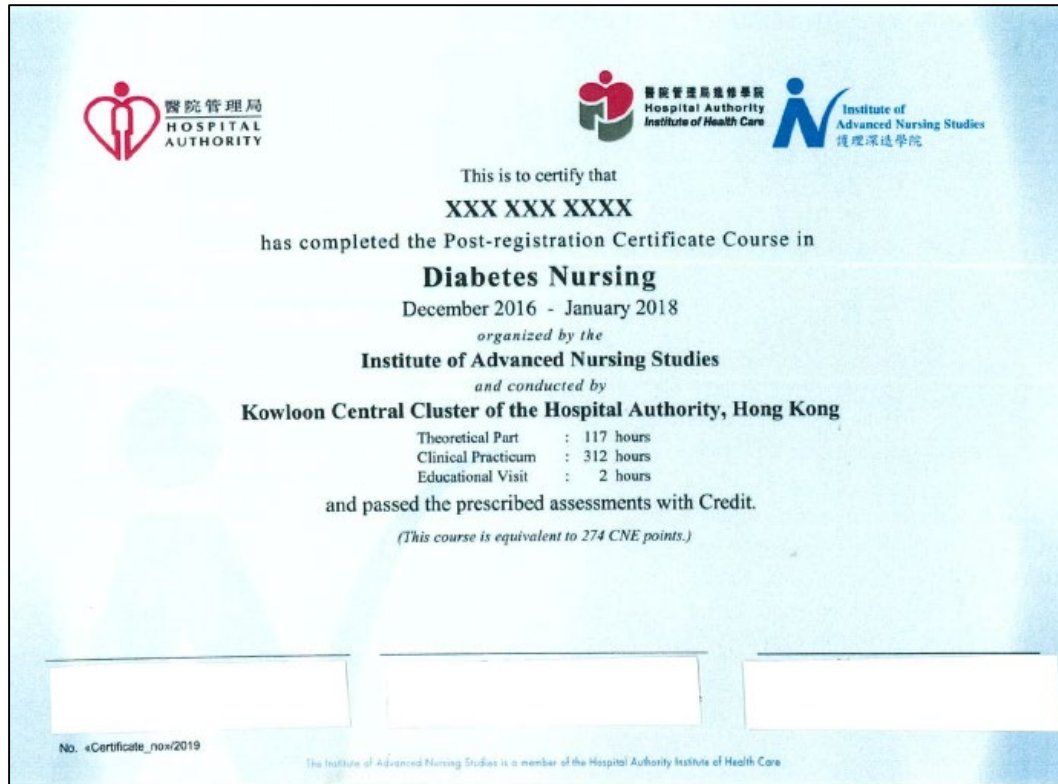
No.	Institution	Faculty/ Department	Programme	Categorisation	Specialty
1	The Chinese University of Hong Kong ("CUHK")	Department of Medicine and Therapeutics	MSc in Cardiology	Clinical	Cardiac
2		Department of Medicine and Therapeutics	MSc in Clinical Gerontology and End-of-Life Care	Clinical	Gerontology
3		Department of Medicine and Therapeutics	MSc in Endocrinology, Diabetes & Metabolism	Clinical	Medical
4		Department of Medicine and Therapeutics	MSc in Gastroenterology	Clinical	(i) Medical (ii) Surgical
5		Department of Medicine and Therapeutics	MSc in Stroke and Clinical Neurosciences	Clinical	(i) Medical (ii) Surgical
6		Department of Obstetrics and Gynaecology	MSc in Obstetric and Midwifery Care	Clinical	Gynaecology
7		Department of Orthopaedics and Traumatology	MSc in Musculoskeletal Medicine, Rehabilitation and Geriatric Orthopaedics	Clinical	Orthopaedic
8		The Jockey Club School of Public Health and Primary Care	MSc in Health Services Management	Clinical	Management
9		The Jockey Club School of Public Health and Primary Care	Master of Public Health	Clinical	Community, Primary & Public Health
10		Department of Psychiatry	MSc in Mental Health	Clinical	Mental Health

## 2. Assessing the eligibility: criterion (b)

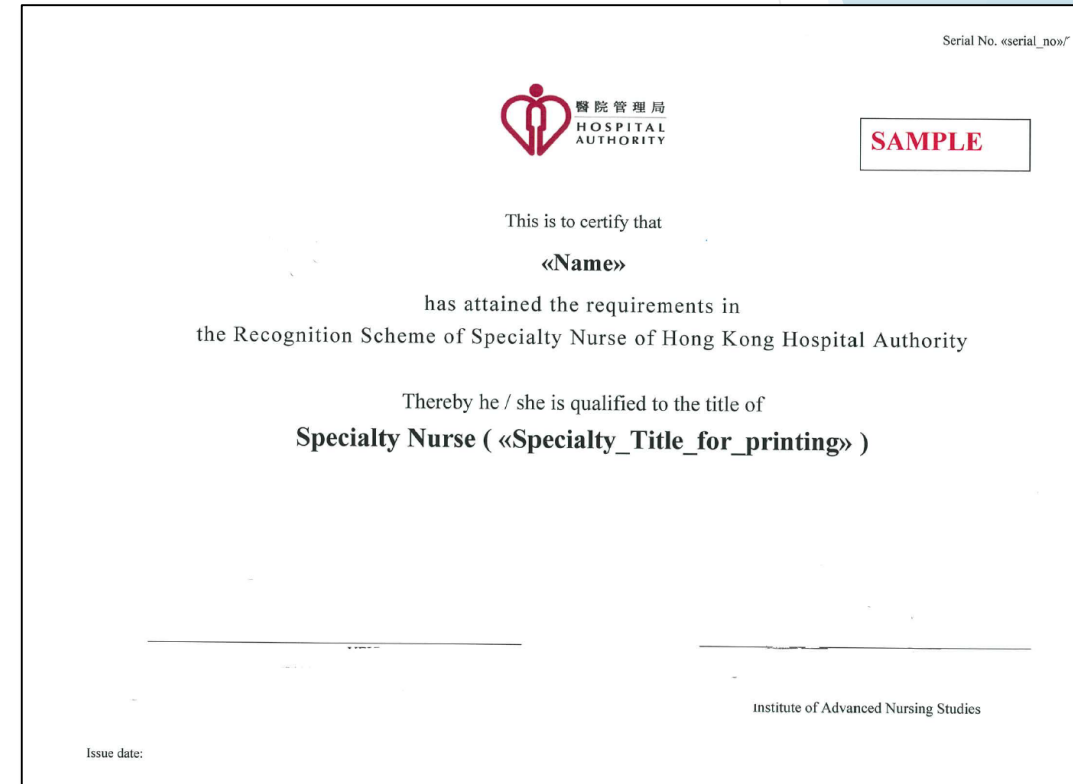
- 1) Go to **Part A(i) on page 1 of the application form**, as well as the corresponding documentary proof(s),
  - 2) Check if the programme is on the **List of Master Programmes in Health Related Stream**, and
  - 3) Check if he/she fulfilled any of the following with respect to **the related specialty**:
    - *completed Post-registration Certificate Course (“PRCC”),*
    - *HA’s Specialty Nurse Recognition Scheme Certificate, or*
    - *recognised in-service training for at least 80 hours.*
- *If ascertained, go to Part A(iii) on page 2 of the application and check the applicant’s **full time post-registration clinical experience (eligibility criterion d)**.*



➤ *Post-registration Certificate Course  
("PRCC")*



➤ *HA's Specialty Nurse Recognition  
Scheme Certificate*



➤ *Recognised in-service training for at least 80 hours*

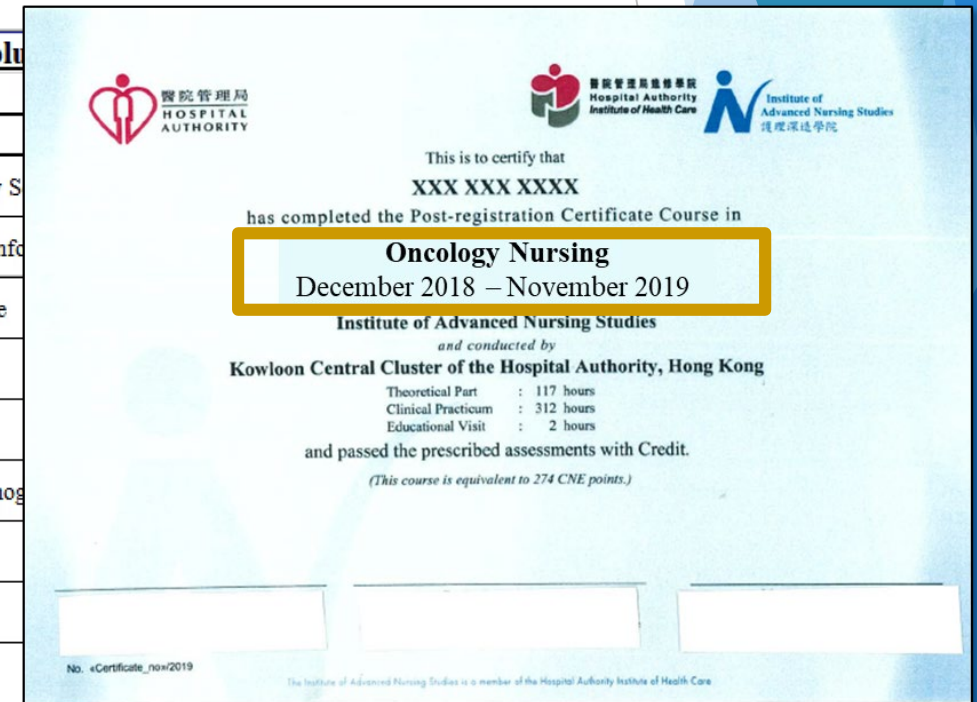
→ **Ascertained**, go to Part A(iii) on page 2 of the application and check the applicant's **full time post-registration clinical experience (eligibility criterion d)**.

(i) → Post-registration Academic Qualifications / Related Specialty Training Note:

Training Institution (name and address)	Title of the Programme	From (Month/Year)	To (Month/Year)
The Chinese University of Hong Kong	Master in Nursing	09/2015	08/2017
Hospital Authority	PRCC in Oncology Nursing	12/2018	11/2019

**List of Local Master Programmes in Health Related Stream to be recognised under the Vol**

No.	Institution	Faculty/ Department	Programme
1	The Chinese University of Hong Kong ("CUHK")	Department of Anatomical and Cellular Pathology	MSc in Medical Laboratory S
2		School of Biomedical Sciences	MSc in Genomics and Bioinfo
3		School of Chinese Medicine	Master of Chinese Medicine
4		School of Chinese Medicine	MSc in Acupuncture
5		School of Chinese Medicine	MSc in Chinese Medicine
6		Department of Imaging and Interventional Radiology	MSc in Diagnostic Ultrasonog
7		The Nethersole School of Nursing	Master of Nursing
8		The Nethersole School of Nursing	Master of Philosophy



## 2. Assessing the eligibility : criterion (c)

(ii) → Post-registration Professional Qualifications:

Organisation	Specialty	Fellow Number	Year obtained
Hong Kong Academy of Nursing	FHKAN (Medicine - Oncology)	F07001218	2018

1) Go to 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

2) Check whether he/she is on the Lists of Fellow Members at [www.hkan.hk/main/en/about-us/member-types/fellow-members](http://www.hkan.hk/main/en/about-us/member-types/fellow-members)

→ If ascertained, go to Part A(iii) on page 2 of the application and check the applicant's full time post-registration clinical experience (eligibility criterion d).





## 2. Assessing the eligibility: criterion (d)

- ▶ Consider ALL the applicant's full time post-registration clinical experience as indicated in Part A(iii) on page 2 of the application
- ▶ Please refer to either of the following:

	<b>Applicants who have been RNs currently employed by your company/organisation for <u>less than six years</u></b>	<b>Applicants who have been RNs currently employed by your company/organisation for <u>six years and/or above</u></b>
Documentary proof(s)	<ul style="list-style-type: none"> <li>✓ issued by previous employer(s), and</li> <li>✓ the current employer (i.e. your company/organisation)</li> </ul>	<ul style="list-style-type: none"> <li>✓ solely issued by your company/organisation</li> </ul>
Your action	Please <u>confirm in writing</u> whether the applicant concerned 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.	

Certification for Clinical Experience

► *Certification letter for clinical experience (sample)*

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 \_\_\_\_\_  
*(Starting date) (Completion date) (Name of the specialty area)*

This is to certify that **LEE Tai-fai 李大輝**  
*(Full name in English and Chinese of the applicant)*  
 has been in the employment of **Hospital Authority**  
*(Name of organisation)*  
 from **01/08/2010** to **31/01/2021** serving in **Oncology Nursing**  
*(Starting date) (Completion date) (Name of the specialty area)*

Total number of years of full time post-registration clinical experience of the applicant in the abovementioned specialty area is **10** years **5** months while the total number of years of full time clinical experience in our organisation is **16** years **3** months.

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: \_\_\_\_\_

### 3. Submitting ascertained applications (with standardised covering cover)

- ▶ Send the applications of your current employees whose eligibility can be preliminarily confirmed or ascertained in one lot to the Central Registration Office of the Department of Health
- ▶ By a standardised covering letter, which should be signed by the authorised person of your company/organisation

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)

Appendix

List of Applicants Qualified for Recognition as Advanced Practice Nurses

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 duly completed application form for recognition as an advanced practice nurse in Hong Kong;
- 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;
- 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;
- a true copy of diploma of fellowship of the Hong Kong Academy of Nursing ("HKAN") certified by the HKAN / our organisation, if any;
- original and/or true copy of documentary proof(s) certifying the total number of years of full time post-registration clinical experience immediately prior to the application and in the related specialty area respectively issued and/or certified by the applicant's employer(s); and
- an original declaration form completed not more than six months before the application for recognition.

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

Name: \_\_\_\_\_  
(in block letter)

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

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

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

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

**Notes:**

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

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

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

- the applicant has obtained a post-RN registration Clinical Master in Nursing / Health Science in related specialty; or
- 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
- the applicant is a fellow of HKAN or equivalent.

3) Please fill in the total number of years of clinical experience of the applicants in the format of "xx Years xx Months" as at the month of application.

# ▶ One SET of the following documents for each applicant -

**THE NURSING COUNCIL OF HONG KONG**  
**APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE NURSE**

*Note 1: The provision of personal data is voluntary. If you do not provide sufficient information, however, the Nursing Council of Hong Kong (the Council) may not be able to process your application for recognition as an advanced practice nurse.*  
*Note 2: Any amendments made should be intited by the respective person, i.e., the person who has made the amendments.*  
*Note 3: If there is any change in your address as recorded in the register of nurses, please notify the Council's Secretaries separately by the prescribed form.*  
*Note 4: Applicants whose applications are not supported by their employers may appeal to the Council in 30 days upon receipt of notification by the employers. Such applications for appeal should be submitted with a letter issued by the employers setting out details of the reasons for not recommending the applicants, and full set of supporting documents provided by the applicants in support of the applications.*

**A. To be filled in by the applicant**

I, (Mr/Ms/Miss/Ms/Ds) \_\_\_\_\_  
(Full name in English and Chinese (if applicable) must match with the Register of Nurses)

holder of Hong Kong Identity Card No./Passport No. \_\_\_\_\_

a Hong Kong Registered Nurse \_\_\_\_\_ registered on \_\_\_\_\_  
(Registration No.) (Date of Registration)

of \_\_\_\_\_  
(Correspondence address in Hong Kong in both English and Chinese)

Tel. No. \_\_\_\_\_ and E-mail address \_\_\_\_\_

herely apply for recognition as an advanced practice nurse in the following speciality\* with the Council in my current employer.

Cardiac Nursing     Community, Primary and Public Health Nursing     Critical Care Nursing     Education and Research in Nursing  
 Emergency Care Nursing     Management in Nursing     Orthopaedic Nursing

I voluntarily provide the following information:

(i) Post registration \_\_\_\_\_  
Training Institute (name and address) \_\_\_\_\_

\* Note: Applicants may apply for more than one speciality.

**DECLARATION FORM**

I declare that:

(a) I have / have not\* been convicted of any offence punishable with imprisonment in Hong Kong or elsewhere. <sup>[Please tick]</sup>

(b) there are / are no\* criminal proceedings in progress against me in Hong Kong or elsewhere. <sup>[Please tick]</sup>

(c) I have / have not\* been found guilty of unprofessional conduct in place(s) outside Hong Kong. <sup>[Please tick]</sup>

(d) there are / are no\* professional disciplinary proceedings in progress against me in place(s) outside Hong Kong. <sup>[Please tick]</sup>

In the event of any change in the accuracy of the declarations made in paragraphs (a) to (d) above, following my conviction of any offence punishable with imprisonment in Hong Kong or elsewhere, commencement of any criminal proceedings against me in Hong Kong or elsewhere, being found guilty of any unprofessional conduct in place(s) outside Hong Kong and/or commencement of any professional disciplinary proceedings against me in place(s) outside Hong Kong subsequent to the completion of the Declaration Form, I undertake to notify and to update the Secretary of the Nursing Council of Hong Kong with the same as soon as it is practicable and with no delay.

Signature of applicant: \_\_\_\_\_  
Name of applicant: \_\_\_\_\_ (English) (Chinese)

Correspondence address of applicant: \_\_\_\_\_

Contact tel. no. (preferably in Hong Kong): \_\_\_\_\_  
Email address (if any): \_\_\_\_\_

Signature of witness: \_\_\_\_\_  
Name of witness: \_\_\_\_\_ (English) (Chinese)

Correspondence address of witness: \_\_\_\_\_

Telephone no. of witness (preferably in Hong Kong): \_\_\_\_\_  
Date of Declaration (DDMMYYYY) <sup>[Please tick]</sup>: \_\_\_\_\_

\* Please tick where applicable.  
Note 1: If it is in the affirmative, full details must be attached.  
Note 2: No exemption will be granted under the Rehabilitation of Offenders Ordinance (Cap. 297). I am therefore required to make such a declaration in any circumstances.  
Note 3: If there are any such proceedings, full details must be attached.  
Note 4: The date of declaration must not be more than six months before the application for registration enrolment is received by the Nursing Council of Hong Kong, otherwise, it will be regarded as invalid.  
Note 5: Any amendments made should be intited by the respective person, i.e., the person who has made the amendments.

**ORIGINAL SEEN**  
Signed: Chan  
Date: 07-Jan-2021  
Name: CHAN Tai-man  
Position: HR Manager

The Chinese University of Hong Kong

香港中文大學

香港中文大學醫務管理學院  
Wong King Council for Accreditation of Academic & Vocational Qualifications

**Report for Qualifications Assessment**

Issued on: \_\_\_\_\_ 1 September 2014

Andrew Ho  
Registrar

**ORIGINAL SEEN**  
Signed: Chan  
Date: 07-Jan-2021  
Name: CHAN Tai-man  
Position: HR Manager

Summary of educational qualification considered:

**ORIGINAL SEEN**  
Signed: Chan  
Date: 07-Jan-2021  
Name: CHAN Tai-man  
Position: HR Manager

香港醫院管理局  
HOSPITAL AUTHORITY

香港護理專科學院  
Institute of Advanced Nursing Studies  
香港中文大學

I have recently that  
XXX XXX XXXX  
has completed the Post-registration Certificate Course in  
**Diabetes Nursing**  
December 2016 - January 2018  
organised by the \_\_\_\_\_

Kowloon

**ORIGINAL SEEN**  
Signed: Chan  
Date: 07-Jan-2021  
Name: CHAN Tai-man  
Position: HR Manager

Social No. (enter last four digits): \_\_\_\_\_

SAMPLE

This is to certify that \_\_\_\_\_  
(Name)  
has attained \_\_\_\_\_  
the Recognition Scheme of Specialist Qualification  
Thereby he/she is entitled to apply for registration as a  
Specialist Nurse (\_\_\_\_\_)

**ORIGINAL SEEN**  
Signed: Chan  
Date: 07-Jan-2021  
Name: CHAN Tai-man  
Position: HR Manager

THE HONG KONG ACADEMY OF NURSING

It is hereby certified that  
茲證明  
\_\_\_\_\_ (Name)  
having satisfied the criteria for  
Specialist Qualification  
達成專科標準  
is certified as  
**Fellow**  
of the Hong Kong Academy of Nursing  
in the speciality of Medicine - Oncology  
獲頒授為  
香港護理專科學院  
內科-腫瘤科  
院士  
given this Twelfth day of May 2018.  
頒授日期: 二零一八年五月十二日

Prof. Frances Kam Yuet WONG, President  
院長 黃金貞教授

Reg. No. FX7009218

**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 organization)

from \_\_\_\_\_ to \_\_\_\_\_ serving in \_\_\_\_\_  
(Starting date) (Completion date) (Name of the speciality area)

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

**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 organization)

from \_\_\_\_\_ to \_\_\_\_\_ serving in \_\_\_\_\_  
(Starting date) (Completion date) (Name of the speciality area)

Total number of years of post-registration clinical experience of the applicant in the abovementioned speciality 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 organization: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_\_

1) Duly completed application form and the original declaration form (page 4)

2. Academic & professional qualifications (certified true copies)

3. Clinical experience issued by employer(s)

### 3. Submitting ascertained applications (with standardised covering cover)

- ▶ Starting from 27 January 2021 (Wednesday), applications for recognition as advanced practice nurses are accepted for the following specialties -
  - ▶ Oncology Nursing
  - ▶ Management in Nursing
  - ▶ Gynaecology Nursing
- ▶ Please submit applications by specialty in a single covering letter.

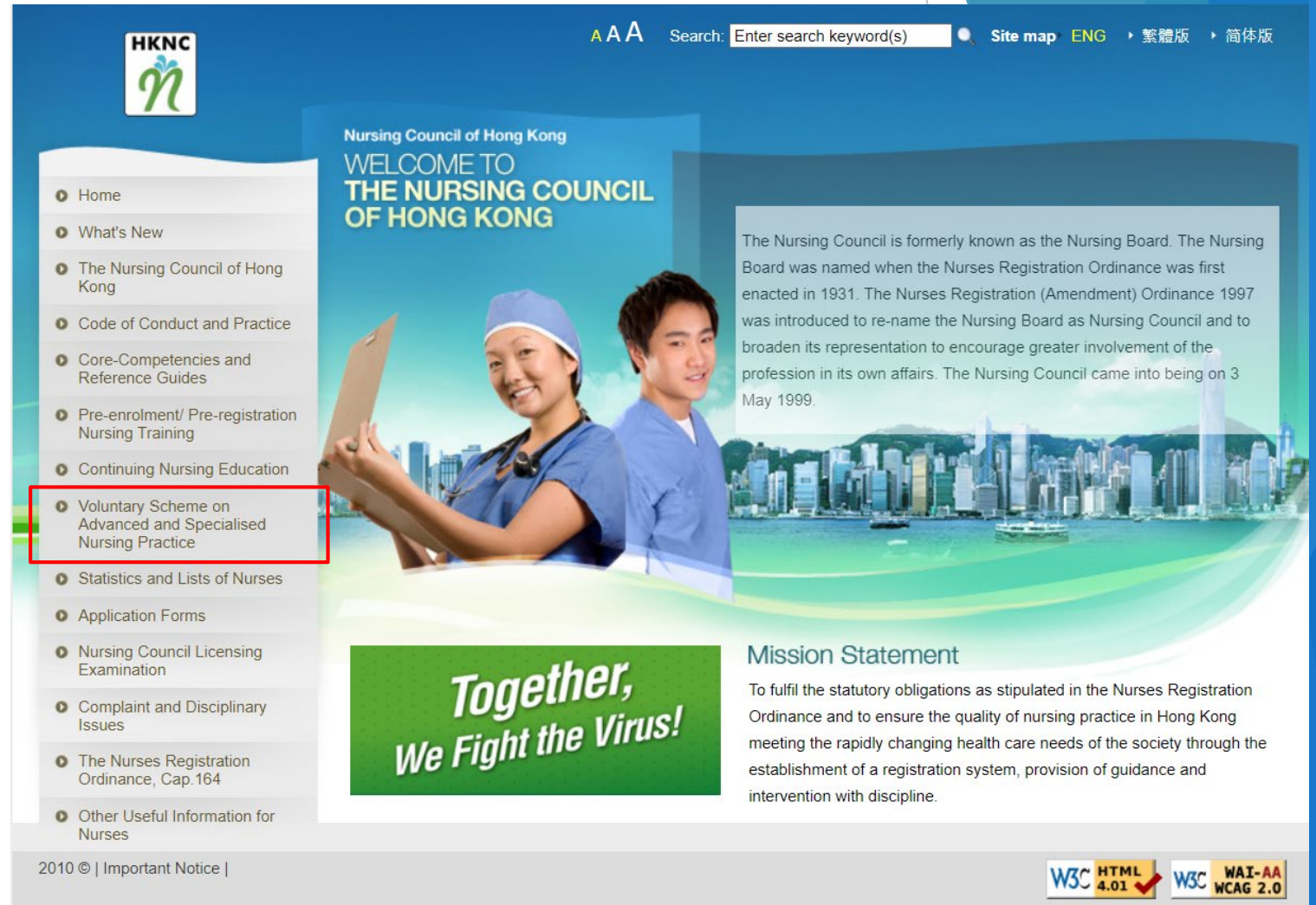




# Enquiries

- 1) Documents and further details are available on the Council's website [from 27 January 2021 (Wednesday)]:

[https://www.nchk.org.hk/en/advanced\\_specialised\\_nursing\\_practice/index.html](https://www.nchk.org.hk/en/advanced_specialised_nursing_practice/index.html)



**HKNC**

AAA Search:  Site map ENG 繁體版 简体版

Nursing Council of Hong Kong  
WELCOME TO  
THE NURSING COUNCIL  
OF HONG KONG

- Home
- What's New
- The Nursing Council of Hong Kong
- Code of Conduct and Practice
- Core-Competencies and Reference Guides
- Pre-enrolment/ Pre-registration Nursing Training
- Continuing Nursing Education
- Voluntary Scheme on Advanced and Specialised Nursing Practice**
- Statistics and Lists of Nurses
- Application Forms
- Nursing Council Licensing Examination
- Complaint and Disciplinary Issues
- The Nurses Registration Ordinance, Cap. 164
- Other Useful Information for Nurses

The Nursing Council is formerly known as the Nursing Board. The Nursing Board was named when the Nurses Registration Ordinance was first enacted in 1931. The Nurses Registration (Amendment) Ordinance 1997 was introduced to re-name the Nursing Board as Nursing Council and to broaden its representation to encourage greater involvement of the profession in its own affairs. The Nursing Council came into being on 3 May 1999.

**Mission Statement**

To fulfil the statutory obligations as stipulated in the Nurses Registration Ordinance and to ensure the quality of nursing practice in Hong Kong meeting the rapidly changing health care needs of the society through the establishment of a registration system, provision of guidance and intervention with discipline.

*Together,  
We Fight the Virus!*

2010 © | Important Notice |

W3C HTML 4.01 W3C WAI-AA WCAG 2.0

- 2) Please contact the Council Secretariat at **(852) 2527 8334** during office hours, or by e-mail at [\*\*pa1\\_nmc@dh.gov.hk\*\*](mailto: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

# Part III

## Q&A Session

**Professor Agnes TIWARI**, Council Chairman, Convenor of the Working Group

**Professor Frances WONG**, Convenor of *Sub-group on establishment of the categorisation, training standards and requirements/competencies of APNs*

**Professor Joseph LEE**, Convenor of *Sub-group on establishment of the mechanisms for recognising the training institutes and/or programmes, and the implementation plans for recognition and regulation of APNs*



**Thank you!**