

**Application for Temporary Hospital Privileges
(For Joint Management)**

Privileges applied for (please specify) _____

Duration of Privileges requested : from _____ to : _____
(DD/MM/YY) (DD/MM/YY)

Purpose of application _____

Patient Name _____ Patient HKID Card No. _____

Name of Applicant _____ Sex _____
(Block letters - Surname, Given Name) (In Chinese)

Address (in Hong Kong) _____

_____ Tel No. _____

University from which graduated _____ Year _____

Registration with Medical/Dental Council (Home country) _____

Temporary registration with Medical/Dental Council of Hong Kong : Yes No

Medical Indemnity Cover : Yes No _____

Postgraduate qualifications _____

Specialty _____ Signed _____

Recommended by Prof./Dr. _____

I recommend the above named Applicant and shall be responsible for the joint management of the patient in the Hospital. I ensure that any indemnity shall be adequately covered.

Signed _____ Date _____

Please attach copies of documents :

1. Certificate of Registration (MCHK/DCHK), where applicable
2. Current Annual Practicing Certificate (MCHK/DCHK), where applicable
3. Valid Medical Protection Insurance
4. Identity Card / Passport
5. Curriculum Vitae

Applications in a standard form must be submitted to the Hospital Administration,

- (a) for local doctors/dental surgeons registered with The Medical Council of Hong Kong (MCHK) or The Dental Council of Hong Kong (DCHK) at least 3 working days,
- (b) for overseas non-MCHK/DCHK registered doctors/dental surgeons, at least 3 calendar months, (as prior application for provisional registration with MCHK/DCHK is required) before the date of operation/procedure.

(Hospital Use Only)

* Approved / Not Approved *(Please delete as appropriate)*

Signed by: _____
(Designated member of HPS)

Remarks: _____