





## NOC Employment Declaration

On behalf of..... (print name of National Olympic Committee)(“NOC”), I certify the following team doctors will be employed by the NOC to practice medicine during the 29<sup>th</sup> Olympic Games.

### NOC team doctors to practice in the Chinese Mainland

	Given Name	Family Name	Specialty	Remark
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

### NOC team doctors to practice in Hong Kong Special Administrative Region

	Given Name	Family Name	Specialty	Remark
1				
2				
3				
4				
5				

I certify that –

- (a) the above applicants are employed as team doctors during the 29<sup>th</sup> Olympic Games,
- (b) the employment is necessary for sports events of the 29<sup>th</sup> Olympic Games,
- (c) the applicant’s registration stated in their application form has been verified with the medical authority to be true,
- (d) the translations (if any) of supporting documents in a foreign language are accurate,
- (e) this application is sponsored by the said National Olympic Committee

Signed, Sealed and Delivered by:

\_\_\_\_\_  
 Name (please print): \_\_\_\_\_ Signature of authorized representative of NOC Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Title (please print): \_\_\_\_\_

**Attention:** This form, along with all the individual application forms for registration as NOC team doctor, must reach BOCOG no later than March 31, 2008. Please observe the IOC accreditation regulation regarding the ratio of NOC team doctors.

**Mailing Address:** Ms. ZHEN Xiaozhen / Ms. LI Yanli

Medical Services Division, Games Services Department  
 Beijing Organizing Committee for the Games of the XXIX Olympiad, No. 267, Beisihuanzhonglu  
 Beijing, 102008, PR China

**Fax:** 8610-66698017

## BEIJING MUNICIPAL HEALTH BUREAU

### GUIDE TO APPLICANTS FOR LIMITED REGISTRATION

[For Sports Events in the Chinese Mainland of the 29<sup>th</sup> Olympic Games  
and the 13<sup>th</sup> Paralympic Games]

#### **Introduction**

Under the Administrative Measures for Foreign Doctors Temporarily Practicing Medicine in China, a doctor must register with the municipal health authorities before he can practice medicine in the Chinese Mainland.

To facilitate the smooth staging of the 29<sup>th</sup> Olympic Games and the 13<sup>th</sup> Paralympic Games, the Beijing Municipal Health Bureau will provide limited registration for later reference in the above events.

This registration form is only applicable in the Chinese Mainland during the 29<sup>th</sup> Olympic Games and the 13<sup>th</sup> Paralympic Games.

#### **Application Procedures in the Chinese Mainland**

An applicant for limited registration under Administrative Measures for Foreign Doctors Temporarily Practicing Medicine in China should be a NOC/NPC team doctor registered with an approved medical authority outside the Chinese Mainland.

An applicant must provide:-

- (a) a properly completed application form;
- (b) the following documents-
  - (i) **notarized** copies of passport;
  - (ii) **notarized** copies of certificates/diplomas of professional qualifications and license to practice medicine; and
- (c) two photographs.

The application form may also be downloaded from the BOCOG official website:  
<http://en.beijing2008.cn/news/official/bulletin/official/n214217084.shtml>

The original application form (photocopy or faxed copy not acceptable) together with the supporting documents should be delivered by post to:-

Ms. ZHEN Xiaozhen / Ms. LI Yanli

Medical Services Division, Games Services Department  
Beijing Organizing Committee for the Games of the XXIX Olympiad  
No. 267, Beisihuanzhonglu  
Beijing, 102008, PR China

Upon consolidation of all applications, BOCOG will forward the applications to the health authorities for processing.

### **How to complete the application form**

All application forms must be completed in English. The form should be either type-written or completed clearly in block letters.

The application form should be completed as follows:-

Item 1(a) name

- **must be** the same as the name on the passport.

Item 1(e) correspondence address:

- an address outside the Chinese Mainland should be provided for communication before the applicant is registered.

Items 1(g), (h), (i) telephone/fax/email:

- applicant is encouraged to provide these to facilitate efficient processing of application, especially when clarification is required.

Item 3 professional qualifications:

- only professional qualifications in Western medicine are relevant.

Item 4 registration outside the Chinese Mainland:

- current registration with a medical authority outside the Chinese Mainland.

Item 1(d) (passport) and item 3 (professional qualifications) must be supported by notarized copies of the certificates/documents. English, French or Chinese translations must be provided for documents which are not in English, French or Chinese.

### **Time for submitting applications**

All applications for limited registration should be duly completed and submitted to BOCOG on or before **31 March 2008 for the Olympic Games, and on or before 30 April 2008 for the Paralympic Games.**

In order to ensure that approval is given in time, applicants should submit their applications as much in advance as possible, in any case **not less than 4 weeks** before the commencement of the Games.

### **Office hours and enquiry information**

Office hours of BOCOG and Beijing Municipal Health Bureau are:-

BOCOG

Monday to Friday 9:00 a.m. to 11:30 a.m. and 1:00 p.m. to 6:00 p.m.  
closed on Saturdays, Sundays and Public Holidays

Beijing Municipal Health Bureau

Monday to Friday 8:30 a.m. to 11:30 a.m. and 1:00 p.m. to 5:30 p.m.  
closed on Saturdays, Sundays and Public Holidays

For enquiries, please contact:-

Beijing Olympic Games Organizing Committee

Fax: 8610-66698017

Email: medical @beijing2008.cn

Beijing Municipal Health Bureau

Fax: 8610-83560322

E-mail: yzc@bjhb.gov.cn

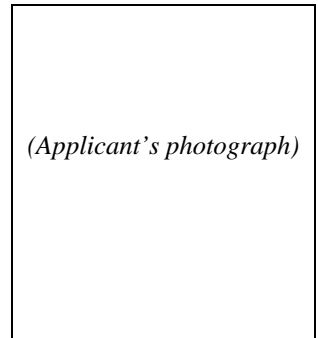
## Administrative Measures for Foreign Doctors Temporarily Practicing Medicine in China

### Application for Registration as a NOC Team Doctor with Limited Registration

(This form must be completed clearly in English in block letters.)

1. I apply for registration as a team doctor with limited registration under Administrative Measures for Foreign Doctors Temporarily Practicing Medicine in China. My personal particulars are as follows –

- (a) Name: .....  
(must be the name appeared on Passport)
- (b) Date of birth : .....(MM/DD/YYYY)
- (c) Gender:  Male  Female
- (d) Passport No. .... issued by .....(country)
- (e) Correspondence address outside the Chinese Mainland:  
.....  
.....
- (f) Telephone number: .....(outside the Chinese Mainland).....(the Chinese Mainland)
- (g) Fax number: .....(outside the Chinese Mainland).....(the Chinese Mainland)
- (h) E-mail address: .....



2. I have been employed as a doctor for the 29<sup>th</sup> Olympic Games (from 1 July 2008 to 31 October 2008 inclusive) by :-

.....  
(name of the National Olympic Committee)

3. I hold the following professional qualification(s) in Western medicine –

.....  
.....

4. I am registered with the following medical authority/authorities –

.....  
..... (please provide date(s) of registration)

5. I confirm that I am in good health status to practice. ....

6. I solemnly declare that all information provided with this application is accurate, complete and true.

.....  
(Applicant's signature)

.....  
(Date)

**Attention:** This form must reach BOCOG no later than March 31, 2008.

**Mailing Address:** Ms. ZHEN Xiaozhen / Ms. LI Yanli

Medical Services Division, Games Services Department

Beijing Organizing Committee for the Games of the XXIX Olympiad, No. 267, Beisihuanzhonglu

Beijing, 102008, PR China

**Fax:** 8610-66698017

# **MEDICAL COUNCIL OF HONG KONG**

## **GUIDE TO APPLICANTS FOR LIMITED REGISTRATION UNDER PROMULGATION NO. 6**

[For the Equestrian Events of the 29<sup>th</sup> Olympic Games  
and the 13<sup>th</sup> Paralympic Games]

**30 November 2007**

## **Introduction**

Under the Medical Registration Ordinance (“the MRO”), Chapter 161, Laws of Hong Kong, a doctor must register with the Medical Council of Hong Kong (“the Medical Council”) before he can practise medicine in Hong Kong. Practising without registration is a criminal offence.

2. Under Section 14A of the MRO, the Medical Council may grant limited registration to persons selected for particular types of employment. To facilitate the smooth staging of the Equestrian Events of the 29<sup>th</sup> Olympic Games and the 13<sup>th</sup> Paralympic Games, the Medical Council on 30 November 2007 made Promulgation No. 6 to provide for limited registration for employment for the purposes of the above events. A copy of Promulgation No. 6 is at **Annex A**.

3. This guide sets out the arrangements and procedures for application for limited registration under Promulgation No. 6.

## **How to apply under Promulgation No. 6**

4. An applicant for limited registration under Promulgation No. 6 should be a medical practitioner registered with an approved medical authority outside Hong Kong.

5. An applicant must provide:-

- (a) a properly completed application form (at **Annex B**);
- (d) the following documents-
  - (i) **notarized** copies of passport;
  - (ii) **notarized** copies of certificates/diplomas of professional qualifications; and
- (e) two photographs (size between 40 x 60 mm and 50 x 70 mm).

6. Application forms may be obtained from the Medical Council Secretariat, 17/F, Wu Chung House, 213, Queen’s Road East, Wanchai, Hong Kong, or downloaded from the Medical Council website: <http://www.mchk.org.hk/applic/index.htm>.

7. The original application form (photocopy or faxed copy not acceptable) together with the supporting documents should be delivered by hand or by post to:-

Beijing Organizing Committee for the Games of the XXIX Olympiad (“BOCOG”):-

Ms. ZHEN Xiaozhen / Ms. LI Yanli  
Medical Services Division, Games Services Department  
Beijing Organizing Committee for the Games of the XXIX Olympiad  
No. 267, Beisihuanzhonglu  
Beijing 102008  
China

Upon consolidation of all applications, BOCOG will then forward all the applications to the Medical Council Secretariat for processing, via the Equestrian Events (Hong Kong) of the Games of the XXIX Olympiad Company Limited (“the Equestrian Company”).

## How to complete the application form

8. All application forms must be completed in English. The form should be either type-written or completed clearly in block letters. Illegible or incomplete forms will be returned to the applicant and will not be processed.

9. Both Part A and Part B must be completed before submission. Part A should be completed by the applicant. Part B should be completed by the employer (see paragraph 14 below) which may be:-

- (a) the National Olympic Committee , or the National Paralympic Committee (or other equivalent authority) of a participating country;
- (b) the International Olympic Committee (“IOC”); or
- (c) the BOCOG.

### Part A

10. Part A of the application form should be completed as follows:-

Item 1(a) name:

- **must be** the same as the name on the passport.

Item 1(e) correspondence address:

- an address outside Hong Kong should be provided for communication before the applicant is registered.

Item 1(f) registered address:

- an address **in Hong Kong must be provided** for service of notices and communication from the Medical Council after the applicant is registered. It has been agreed that the Equestrian Company will serve as the contact point for all applicants in Hong Kong. For this reason, the address of the Equestrian Company is therefore pre-printed on the application form accordingly.

Items 1(g), (h), (i) telephone/fax/email:

- applicant is encouraged to provide these to facilitate efficient processing of application, especially when clarification is required.

Item 3 professional qualifications:

- only professional qualifications in Western medicine are relevant.

Item 4 registration outside Hong Kong:

- current registration with a medical authority outside Hong Kong.

Item 5 convictions/criminal or disciplinary proceedings:

- any criminal conviction, professional misconduct, criminal or disciplinary proceedings in progress must be declared, together with details.

11. Item 1(d) (passport), item 3 (professional qualifications), and item 5 (registration outside Hong Kong) must be supported by notarized copies of the certificates/documents. English, French or Chinese translations must be provided for documents which are not in English, French or Chinese.

12. Part A must be **declared** before a notary public (if declared outside Hong Kong), or a barrister/solicitor/commissioner for oaths (if declared in Hong Kong).

13. Applicants should note that it is a criminal offence punishable by imprisonment to make a false declaration, and they must ensure the accuracy of all information provided.

### Part B

14. Part B of the application form is to be completed by the employer which may be (i) the National Olympic Committee or the National Paralympic Committee (or other equivalent authority) of the participating country, (ii) the IOC or (iii) the BOCOG. The employer must certify that the application is sponsored by the employer and that the information provided by the applicant is true and accurate. The application must be stamped with the seal/chop of the employer and signed by the employer. Application forms not properly certified by the employer will not be accepted.

### **Time for submitting applications**

#### *Requirements of the BOCOG*

15. It is understood that the BOCOG has requested that all applications for limited registration under Promulgation No. 6 should be duly completed and submitted to them on or before **31 March 2008 for the Olympic Games, and on or before 30 April 2008 for the Paralympic Games.**

#### *Processing time required by the Medical Council*

16. It will usually take about four weeks for the Medical Council to process a straight forward application, provided that all required information and supporting documents are in order. More complicated cases will take longer.

17. In order to ensure that approval is given in time, applicants should submit their applications as much in advance as possible, in any case **not less than 4 weeks** before the commencement of the respective Event. The Medical Council cannot guarantee approval in time for late applications.

18. In exceptional circumstances (such as last minute replacement of a previously approved applicant), the application form and supporting documents may be faxed to the BOCOG together with a request that the provisional application be processed pending submission of the original. BOCOG will forward the applications to the Medical Council via the Equestrian Company. The Medical Council will process the provisional application, but approval will only be given upon receipt of the original application and supporting documents.

### **Personal data collection statement**

19. The personal data are provided by the applicant for the purposes of processing the application and facilitating the provisions of the MRO. The provision of personal data is voluntary. If sufficient information is not provided, the Medical Council may not be able to process the application.

20. The personal data provided are mainly for use within the Medical Council but if necessary they may also be disclosed to other government bureaux/departments, agencies or authorities for the purposes set out in paragraph 19 above. Apart from this, other personal particulars and information provided will only be disclosed to other parties where the applicant has given consent

to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance, Cap. 486, Laws of Hong Kong.

21. The applicant has a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486) (<http://www.legislation.gov.hk/eng/home.htm>). The right of access includes the right to obtain a copy of the personal data provided by the applicant. A fee may be imposed for complying with a data access request.

22. Enquiries concerning the personal data provided, including requests for access and correction, should be addressed to:-

Secretary, Medical Council  
c/o Central Registration Office  
Department of Health  
17/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

Tel : 2961 8648 / 2961 8650  
Fax : 2891 7946 / 2573 1000  
E-mail : [cro1@dh.gov.hk](mailto:cro1@dh.gov.hk)

### **Office hours and enquiry telephone numbers**

23. Office hours of the Medical Council Secretariat are:-

Monday 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 6:00 p.m.  
Tuesday to Friday 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 5:45 p.m.  
closed on Saturdays, Sundays and Public Holidays

24. For enquiries, please contact:-

Medical Council Secretariat:-

Telephone : (852) 2961 8650 / 2961 8648  
Fax : (852) 2891 7946  
E-mail : [cro1@dh.gov.hk](mailto:cro1@dh.gov.hk)

**Medical Council of Hong Kong**  
**30 November 2007**

G.N. 7729

MEDICAL COUNCIL OF HONG KONG

LIMITED REGISTRATION UNDER  
MEDICAL REGISTRATION ORDINANCE (Chapter 161)  
PROMULGATION NO. 6

The Medical Council of Hong Kong has determined that, until such time as the Council may determine otherwise, limited registration under section 14A of the Medical Registration Ordinance, Chapter 161, Laws of Hong Kong is appropriate in respect of the following types of employment for the purposes of the Equestrian Events of the 29th Olympic Games and the 13th Paralympic Games:—

- (a) Employment by the National Olympic Committee or the National Paralympic Committee (or other equivalent authority) of a participating country as a team doctor to provide medical service to the athletes and official members of the respective national delegation (and other delegations where there is prior arrangement between the team doctor's employing authority and the national authorities responsible for the other delegations); and
- (b) Employment by the International Olympic Committee ('IOC') or the Beijing Organizing Committee for the Games of the XXIX Olympiad ('BOCOG') as a doctor to provide medical service to the official members of IOC and BOCOG and the athletes and official members of national delegations.

The practice of a person registered with limited registration under this promulgation shall be subject to the restrictions and conditions as determined by the Medical Council and stipulated in the letter of approval.

An applicant should be a medical practitioner registered with an approved medical authority outside Hong Kong.

Applications for limited registration under this promulgation should be made to the Registrar of Medical Practitioners in accordance with the guidelines published by the Medical Council of Hong Kong.

30 November 2007

H. Y. AU *Secretary, Medical Council of Hong Kong*

**MEDICAL REGISTRATION ORDINANCE  
(Chapter 161)**

**Application for Registration as a Medical Practitioner  
with Limited Registration (Promulgation No. 6)**

(This form must be completed clearly in English in block letters.  
Illegible forms will be returned to the applicant.)

**Part A : To be completed by the Applicant**

1. I apply for registration as a medical practitioner with limited registration under section 14A of the Medical Registration Ordinance. My personal particulars are as follows –

(a) Name : (English)..... (Chinese) .....  
(must be the name appeared on Passport) (if applicable)

(b) Date of birth : .....

(c) Gender : \*Male/Female

(d) Passport No. .... issued by ..... (country) in ..... (place)

(e) Correspondence address outside Hong Kong : .....

(f) Registered address (i.e. address in Hong Kong for service of notices from the Medical Council):  
The Equestrian Events (Hong Kong) of the Games of the XXIX Olympiad Company Limited, 37/F, Bank of China Tower, 1 Garden Road, Hong Kong......

(g) Telephone number: ..... (outside Hong Kong) ..... (Hong Kong)

(h) Fax number : ..... (outside Hong Kong) ..... (Hong Kong)

(i) E-mail address : .....

3. I have been employed as a doctor for the Equestrian Events of the 29<sup>th</sup> Olympic Games and the 13<sup>th</sup> Paralympic Games (from 1 July 2008 to 31 October 2008 inclusive) by :-

.....  
(name of the National Olympic Committee/ National Paralympic Committee/other equivalent authority) of  
.....(country)

the International Olympic Committee

the Beijing Organizing Committee for the Games of the XXIX Olympiad

(Please  tick as appropriate)

3. I hold the following professional qualification(s) in Western medicine –

.....  
.....

4. I am also known as \_\_\_\_\_ as shown on the supporting documents submitted to the Medical Council of Hong Kong and I declare that all names refer to me, being the applicant of this application. The discrepancy in name is due to –

-----  
-----

[Note: This part must be completed if the applicant has used different names in his/her Passport and in his/her certificates/diplomas of professional qualifications.]

5. I am registered with the following medical authority/authorities –

-----  
----- (please provide date(s) of registration)

6. I confirm that (details must be provided, if any) –

- (a) I \*have/have not been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment.
- (b) I \*have/have not been found guilty of misconduct in a professional respect or the subject of any criminal or disciplinary proceedings in Hong Kong or elsewhere.
- (c) There \*are/are no criminal or disciplinary proceedings in progress in Hong Kong or elsewhere against me at the date of this application.

Details of conviction/professional misconduct/criminal or disciplinary proceedings (if any) –

-----  
-----

7. I solemnly declare that all information provided with this application is accurate, complete and true.

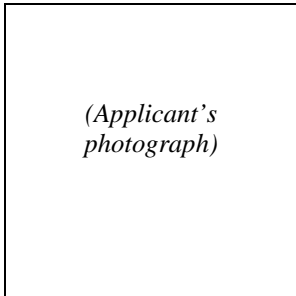
(Warning: It is a criminal offence punishable with imprisonment to make a false declaration and the applicant must ensure the accuracy of all information provided.)

Declared by the applicant }  
in ..... (city and country) }  
this ..... day of ..... 20.....

-----  
(Applicant's signature)

Before me,

.....(signature)  
( ) (name)  
\*Notary public/Barrister/Solicitor/Commissioner for Oaths



[Notary public etc: please sign across the affixed photograph of the applicant]

\* delete as appropriate

**Part B** : To be completed by the employer

8. I .....(full name).....(position) have been designated by..... (name of the National Olympic Committee/ National Paralympic Committee/other equivalent authority, International Olympic Committee or Beijing Organizing Committee for the Games of the XXIX Olympiad) to certify applications for limited registration with the Medical Council of Hong Kong.

9. I certify that –

- (a) the applicant is employed as stated in item 2 above,
- (b) the employment is necessary for the equestrian event of the 29<sup>th</sup> Olympic Games and the 13<sup>th</sup> Paralympic Games,
- (c) the applicant’s registration stated in item 5 above has been verified with the medical authority to be true,
- (d) the translations (if any) of supporting documents in a foreign language are accurate,
- (e) this application is sponsored by the said National Olympic Committee/National Paralympic Committee/ International Olympic Committee/Beijing Organizing Committee for the Games of the XXIX Olympiad.

10. The said National Olympic Committee/National Paralympic Committee/International Olympic Committee/ Beijing Organizing Committee for the Games of the XXIX Olympiad will sponsor ..... applications altogether.

Certified this ..... day of ..... 20.....

.....  
(Seal/chop of relevant National Olympic Committee / National Paralympic Committee/ International Olympic Committee / Beijing Organizing Committee for the Games of the XXIX Olympiad)

.....  
(Signature of the employer)

**Note** : Please ensure that all documents specified in paragraph 5 of the Guide to Applicants are provided.