

## Pharmacy and Poisons Board of Hong Kong

### Application for Re-registration as a Pharmacist

I wish to apply to the Pharmacy and Poisons Board of Hong Kong (“the Board”) for re-registration of my name to the Register of Pharmacists [Note 1 and Note 2].

I confirm that since my name was removed from the Register of Pharmacists on \_\_\_\_\_:

- (a) I have / have not \* practised pharmacy in jurisdictions outside Hong Kong [Note 3];
- (b) there has / has not \* been criminal and/or professional proceedings against me, whether completed or in progress, in Hong Kong or elsewhere [Note 4]; and
- (c) I declare that all information in this application given by me is true to the best of my knowledge and belief. I have read through and understood the notes as set out in this application form.

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

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

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

\_\_\_\_\_

Telephone : \_\_\_\_\_

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

Note 1: This application will only be accepted when accompanied by a statutory declaration made before a Commissioner for Oaths or Notary Public as to the truthfulness of its contents.

Note 2: In accordance with section 8(2) of the Pharmacy and Poisons Ordinance (Cap.138, Laws of Hong Kong), the Board may require any applicant for registration to pass such examinations as it may determine or to undergo such period of training as the Board may specify.

Note 3: If the applicant has practised in other jurisdictions since his/her name was removed from the Register of Pharmacists, this application must be supported by a Certificate of Good Standing from the Pharmacy Board/Council which has jurisdiction over his latest practice. The certificate must be issued not earlier than three months before this application is received by the Pharmacy and Poisons Board of Hong Kong.

Note 4: If there are any such proceedings, full details must be provided.

\* Please delete as appropriate.

# Declaration

I, (name) \_\_\_\_\_ (HKID No.) \_\_\_\_\_

of (address) \_\_\_\_\_

solemnly and sincerely declare that :

“Since my name was removed from the Register of Pharmacists on \_\_\_\_\_ :-

- (a) I have/have not\* practised pharmacy in jurisdictions outside Hong Kong; and
- (b) there has/has not\* been criminal and/or professional proceedings against me, whether completed or in progress, in Hong Kong or elsewhere.”

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance.

Declared at \_\_\_\_\_

in HKSAR this day        of        20

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(Signature of declarant)

Before me,

\*Barrister/Solicitor

\*Commissioner for Oaths

\*Notary Public

\* *delete as appropriate*

**THE PHARMACY AND POISONS BOARD OF HONG KONG**  
**DATA FORM**

*(Data to be recorded in the Register of Pharmacists)*



Name : \_\_\_\_\_  
(English) (Chinese, if applicable)

HKID/Passport\* No. : \_\_\_\_\_ Sex\*: \_\_\_\_\_ M/F

Date of Birth : \_\_\_\_\_

Registered Address <sup>Note</sup> \_\_\_\_\_  
(in both Chinese & English) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Telephone/Mobile No. : \_\_\_\_\_

Qualifications : \_\_\_\_\_  
(in both Chinese & English) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am / am not\* interested in using the Autopay facility for payment of my annual practising fee.  
(Note: If yes, please complete the Autopay Authorization Form.)

Note: The registered address will be used for service of notices from the Pharmacy and Poisons Board. The address provided will be published in the Gazette and made available on the Government's e-Gazette website for public reference and verification of the registration status of the pharmacist. Please timely update the Central Registration Office in case of any changes to the registered address.

*\*Please delete as appropriate*

## **Statement of Purposes**

### Purpose of Collection

1. The personal data are provided to the Pharmacy and Poisons Board of Hong Kong (the Board) for the purpose of application for registration as a pharmacist. The provision of personal data is voluntary. However, if you do not provide sufficient information, the Board may not be able to process your application.

### Classes of Transferees

2. The personal data you provided are mainly for use within the Board but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purpose mentioned in paragraph 1 above, if required. Moreover, according to the Pharmacy and Poisons Ordinance, part of the information provided, such as names of pharmacists, addresses, qualifications and dates of the qualifications, will be entered into the Register for public inspection. Apart from these, your other personal particulars and information will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

### Access to Personal Data

3. You have the right of access and correction with respect to your personal data as provided for 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 occasions mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of such data.

### Enquiries

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

The Secretary, Pharmacy and Poisons Board  
46/F, Revenue Tower  
5 Gloucester Road, Wanchai, Hong Kong

Tel. : 2527 8432  
Fax : 2865 5540