# VOLUNTARY SCHEME ON ADVANCEMENT ON MIDWIFERY PRACTICE

Online Briefing for Employers 20 January 2022 (Thursday)

The Midwives Council of Hong Kong

#### PART I: BACKGROUND & DEVELOPMENT

#### Dr Irene LEE

Chairman, The Midwives Council of Hong Kong
Convenor, Working Group on Advancement on Midwifery Practice

#### BACKGROUND

Having considered the latest development of the advanced and specialised practice of healthcare professions, the Midwives Council of Hong Kong ("the Council") recognised that it was a global trend to promote advanced midwifery practice.

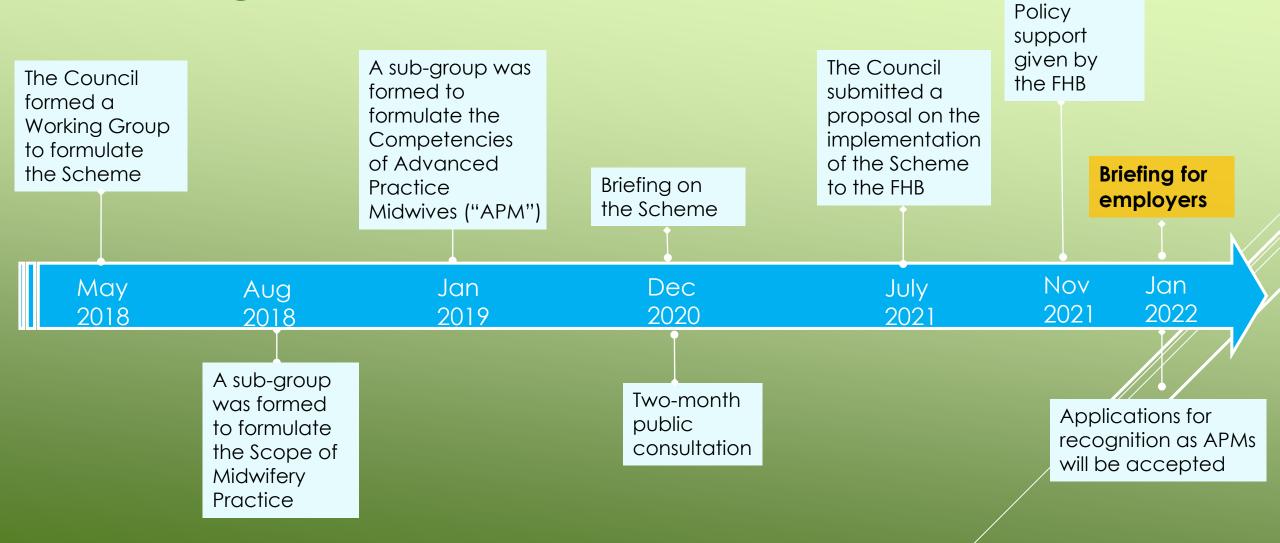
> The Council formed a Working Group to formulate a Voluntary Scheme on Advancement on Midwifery Practice ("the Scheme")

#### **OBJECTIVES**

To promote the advancement of the professional competence of midwives

►To pave the way for setting up a statutory registration system in the long run

#### DEVELOPMENT

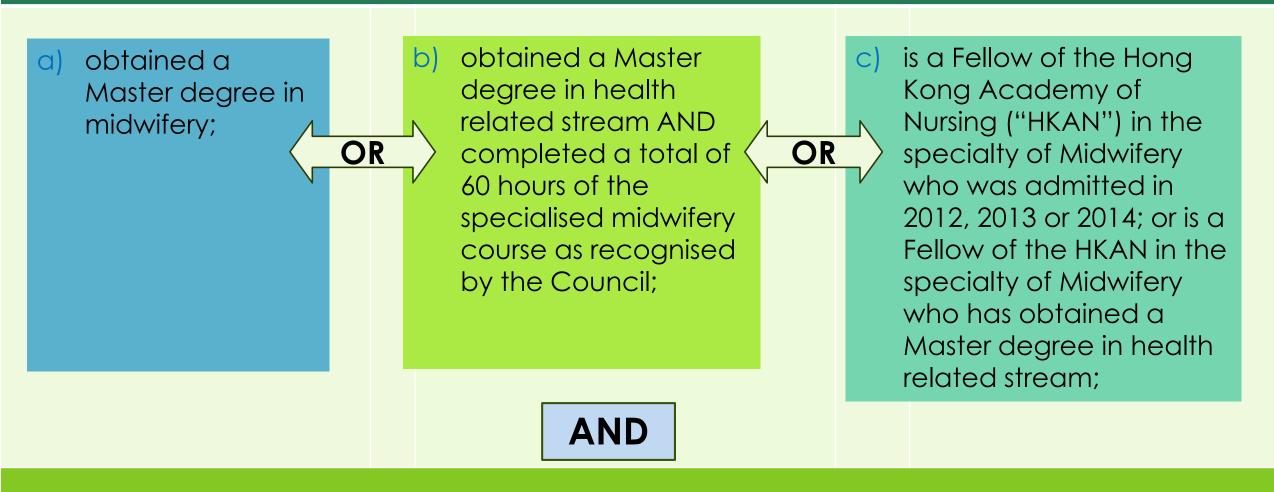


#### PART II: ELIGIBILITY & VETTING PROCEDURES

Secretariat, The Midwives Council of Hong Kong

## A. ELIGIBILITY

A currently employed registered midwife ("RM") in Hong Kong meeting the following criteria should be eligible to apply for recognition as an APM with the Council:



d) possessed six years of full time post-registration experience in midwifery practice immediately prior to his/her application.

Recognised specialised midwifery courses should be organised by:

- a. accredited PEM providers
- b. local / non-local universities
- c. international certification bodies

Recognised specialised midwifery courses - include assessments and the duration of each course should be <u>at least 6 hours or above</u>

For e-learning programmes (i.e. selfstudy programmes) – number of study hours is capped at 30 hours

### **B. VETTING PROCEDURES**

#### B. VETTING PROCEDURES

#### **Employers**

1. Certify documents

2. Assess the eligibility (a / b / c + d)

3. Submit ascertained applications (in one lot w/ cover)

Council

Applications of unconfirmed / unascertained eligibility

**Applicants** 

1. Conducts preliminary checking

2. Seeks endorsement of the Council

3. Informs the applicants of the results via employers

#### 1. CERTIFYING DOCUMENTS

#### On photocopy of each document

#### ORIGINAL SEEN

Signed: Chan

Date: 20-Dec-2021

Name: CHAN Tai-man

Position: HR Manager

#### **CERTIFIED TRUE COPY**

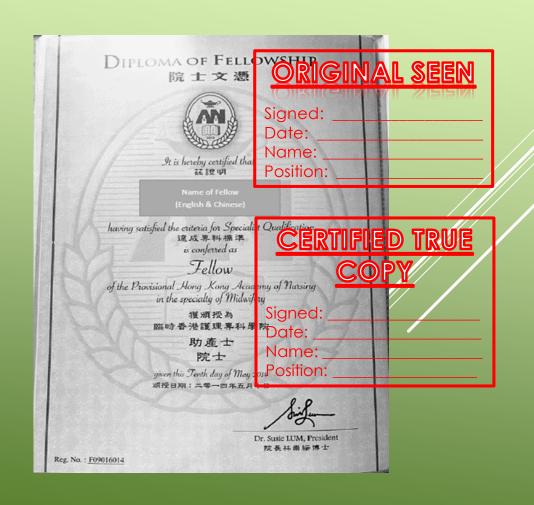
Signed: Chan

Date: 20-Dec-2021

Name: CHAN Tai-man

Position: HR Manager

## by authorised person(s) of your company/organisation



#### 1. CERTIFYING DOCUMENTS

by authorised person(s) of your company/organisation

#### Part B on page 3 of the application form

I certify that I have personally checked the personal par	ticulars, the post-registration academic and professional
qualifications and the post-registration experience in mic	wifery practice together with the supporting documents
provided in the application form.↓	
	4
Signature:	₽
	₽
Name: ¬	
Position:	47
	47
Name of organisation:	
Tel·No.:∻	47
	₽
Date:-	

#### Step 1

Go to Part A(i) on page 1.

of the application form as
well as the corresponding
documentary proof(s)

#### THE MIDWIVES COUNCIL OF HONG KONG APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE MIDWIFE

Note 1:	The provision of personal do of Hong Kong ("the Counc midwife.						
Note 2: Note 3:							
A. To be filled in by the applicant							
I, (*Mr/N	I, (*Mr/Ms/Miss/Mrs/Dr)						
	(F	ull name in English and C	hinese (if applicable) mu	st match 1	vith the Reg	ister of Midwives)	
holder of	f *Hong Kong Identity Ca	rd No./Passport No				,	
a Hong I	Kong Registered Midwife		registere	d on			
		(Registration No	_			of Registration)	
Tel. No.		and E-mail address					
hereby a	pply for recognition as an	advanced practice mi	dwife with the Counc	ril wia m	v current	emnlover	
nercoy u	ppry for recognition as an	advanced practice in	awiie will the count	v.u	ly current	ciipioyer.	
I volunta	arily provide the following	g information with do	cumentary support to	facilita	te the appl	ication:	
<i>-</i>	Notes						
	ademic Qualifications Note Training Institution	: Title of the l	Programme		Training	g Period	
	name and address)			F	rom	То	
				(Mon	th/Year)	(Month/Year)	
(ii) Por	et conistration Desfaccions	1 Ovalifications:					
(11) Pos	st-registration Professiona Organisation	_	Fellow Number	er	Yea	ar obtained	

<u>Note</u>: 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.

#### Step 2

Check if the programme is on the <u>List of Master</u>
<u>Programmes in Midwifery</u>

(i)→ Post-registration-Academic Qualifications Note:

Training-Institution	Title of the Programme.	Training Period∂	
(name-and-address)₄□		From↓ (Month/Year)↓	To↓ (Month/Year)↓
The Chinese University of Hong Kong	Master-of-Science-in-Obstetric-and- Midwifery-Care₄	09/2017₽	08/2019₽
<del>ن</del> ب	4J	₽	₽

#### List of Local Master Programmes in Midwifery recognised under the Voluntary Scheme on Advancement on Midwifery Practice

No.	Institution	Faculty/ Department	Programme	Categorisation	Remarks
1	The Chinese University of Hong Kong	Department of Obstetrics and Gynaecology	Master of Science in Obstetric and Midwifery Care	Midwifery	

The List of Master Programmes in Midwifery 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.

(Last updated in November 2021)

For non-local qualifications which are not included in the lists:

applicants are required to apply for assessment services from the Hong Kong Council for Accreditation of Academic and Vocational Qualifications ("HKCAAVQ")

#### Step 3

If ascertained, go to Part A(iv) on page 2 of the application form and check the applicant's <u>full</u> <u>time post-registration experience in midwifery</u> <u>practice (eligibility criterion (d))</u>

#### Step 1

of the application form as well as the corresponding documentary proof(s)

#### THE MIDWIVES COUNCIL OF HONG KONG APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE MIDWIFE

APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE MIDWIFE						
Note 1: The provision of personal data is voluntary. However, if you do not provide sufficient information, the Midwives Council of Hong Kong ("the Council") may not be able to process your application for recognition as an advanced practice midwife.  Note 2: Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.  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						
L (*Mr/Ms	/Miss/Mrs/Dr)					
		ull name in English and Cl				
holder of *	Hong Kong Identity Ca	rd No./Passport No				
a Hong Ko	ng Registered Midwife	(Registration No		d on		of Registration)
		(Itegisiration Ivo	-/		Dute	y registration)
Tel. No		and E-mail address .				
hereby app	ly for recognition as an	advanced practice mid	lwife with the Counc	ril via m	v current	employer
I voluntari	ly provide the followin	g information with doc	umentary support to	facilitat	e the appl	ication:
(i) Acad	emic Qualifications Note	į.				
	ining Institution	Title of the I	rogramme		Trainin	g Period
(na	me and address)				rom	To (Month West)
				(IVIOII	th/Year)	(Month/Year)
(ii) Post-	registration Professiona	1 Oualifications:				
Organisation Fellow Number Year obtained			ar obtained			
×	-1:	. 1 4	E 116			

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

#### Step 2

Check if the programme is on the <u>List of</u>

Master programmes in health related stream

(i)→ Post-registration-Academic-Qualifications Note:					
Training-Institution	Title of the Programme.	Training Period₽		0	
(name-and-address)₽		From↓	To⊷	4	
		(Month/Year)₽	(Month/Year)∂		
The Chinese University of Hong Kong↓	MSc in Cardiology₽	09/2017₽	08/2019₽	ę.	
φ. 	¢.	₽	¢.	₽	

#### List of Local Master Programmes in Health Related Stream recognised under the Voluntary Scheme on Advancement on Midwifery Practice

No.	Institution	Faculty/ Department	Programme	Categorisation	Remarks
1		Department of Anatomical and Cellular Pathology	MSc in Medical Laboratory Science	Health-related	
2		Department of Imaging and Interventional Radiology	MSc in Diagnostic Ultrasonography	Health-related	
3		Department of Medicine and Therapeutics	MSc in Cardiology	Health-related	
4		Department of Medicine and Therapeutics	MSc in Endocrinology, Diabetes & Metabolism	Health-related	
5		Department of Medicine and Therapeutics	MSc in Gastroenterology	Health-related	
6		Department of Medicine and Therapeutics	MSc in Stroke and Clinical Neurosciences	Health-related	
7		Department of Obstetrics and Gynaecology	MSc in Medical Genetics	Health-related	
8		Department of Obstetrics and Gynaecology	MSc in Reproductive Medicine and Clinical Embryology	Health-related	
9		Department of Orthopaedics and Traumatology	MSc in Sports Medicine & Health Science	Health-related	
10		Department of Psychiatry	MSc in Mental Health	Health-related	
11		Department of Surgery (Accident and Emergency Medicine Academic Unit)	MSc in Advanced Emergency Nursing Practice	Health-related	
12		Department of Surgery (Accident and Emergency Medicine Academic Unit)	MSc in Prehospital and Emergency Care	Health-related	
13	The Chinese University of Hong Kong	Department of Surgery	MSc in Perioperative Care of Minimal Access Surgery	Health-related	



#### Step 3

Go to Part A(iii) on page 2 of the application form as well as the corresponding documentary proof(s)

2. Assessing the eligibility: criterion (B)

#### Step 4

- Check if the programmes are on the list of specialised midwifery courses
- Check if the applicant completed a total of 60 hours of the recognised specialised midwifery courses

(iii)→Post-registration-Midw	(iii)→Post-registration-Midwifery-Related-Training^:-					
Training Institution↓ (name and address)↓ਾ	Title-of-the <u>Programme</u> ₽	Training From↓ (Month/ Year)↓	g-Period⊕ To↓ (Month/ Year)₽	Durati on↓ (Hour s)₽	Assessment- completed (Y/N)+	
Department of Obstetrics- and Gynaecology, The Chinese University of Hong Kong	Certificate Course in Practical Obstetric Ultrasound	01/20204	03/2021	20₽	Y₽	
Department of Obstetrics- and Gynaecology. The Chinese University of Hong Kong	Certificate Course in Clinical Leadership in Midwifery	01/2019∻	01/2019	24₽	Y₽	
Health e-learning The International Institute of Human Lactation Inc	Human Milk Composition and Function	01/2019∉	01/20194	12₽	Yφ	
Health-e-learning↔ The-International- Institute-of-Human- Lactation-Inc.↔	Anatomy & Physiology of the Lactating Breast	01/2019	01/2019	12₽	Ϋ́	
*	₽	₽	Total:₽	68	hours₽	

List of Local Specialised Midwifery Courses recognised under the Voluntary Scheme on Advancement on Midwifery Practice

Course Name	Organiser(s)
Enhancement Programme on High Dependency Obstetrics Care	Institute of Advanced Nursing Studies, Hospital Authority
Commissioned Train-The-Trainer Program on Breastfeeding Counseling	and of total control of the control
Aromatherapy in Midwifery Practice – Accredited by Royal College of Midwives UK	School of Midwifery, Hospital Authority
Midwifery Clinical Assessor Course	School of Mawalety, Hospital Audionay
Neonatal Resuscitation Program (NRP)	1) American Academy of Pedantics ) Hong Kong College of Pedantic Nursing ) Hong Kong College of Midwives 4) Hong Kong College of Midwives 4) Hong Kong Nomatal Society ) Hong Kong Pedantin Nurse Association
LK Childbirth Massage Program – Towards Natural Childbirth	Hong Kong Midwives Association     Royal College of Midwives, United Kingdom
Neonatal Resuscitation Program Certificate Course	Hong Kong Midwives Association     Department of Paediatrics and Adolescent, Medicine, LKS Faculty of Medicine, The University of Hong Kong
Organisational Leadership and Management 2021 (Distance Learning)	1) Hong Kong Midwives Association
Normal Birth Program	2) University of Central Lancashire
Certificate Course in Practical Obstetric Ultrasound	
Certificate Course in Maternal and Infant Nutrition	
Certificate Course in Grief Experience in Pregnancy	Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong
Certificate Course in Clinical Leadership in Midwifery	Department of Costelles and Cytaecology, The Chinese Chieveshy of Hong Rong
Certificate Course in Reproductive Medicine an Assisted Reproductive Technology	
Professional Training Course in Teaching and Learning in Midwifery Education	
Certificate Course in Professional Midwifery Practice Series 2 Promoting Normal Birth	
Professional Training Course in Genetic Counseling	
Professional Training Course in Critical Care in Obstetrics	Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong
Professional Training Course in Clinical Pharmacology in Obstetrics	Department of Contract and Cymecology, the Camer Camership of Hong Rong
Waterbirth: why and how it differs from land birth	
Practical Obstetric Multi-Professional Training (PROMPT)	
BASIC for Nurses, Provider Course	Department of Anaethesia and Intensive Care, The Chinese University of Hong Kong
	Commissioned Train-The-Trainer Program on Breastfeeding Counseling Aromatherapy in Midwifery Practice – Accredited by Royal College of Midwives UK Midwifery Clinical Assessor Course  Neonatal Resusciation Program (NRP)  LK Childbirth Massage Program – Towards Natural Childbirth Neonatal Resusciation Program (Certificate Course  Organisational Leadership and Management 2021 (Distance Learning) Normal Birth Program  Certificate Course in Practical Obstetric Ultrasound  Certificate Course in Maternal and Infunt Nutrition  Certificate Course in Maternal and Infunt Nutrition  Certificate Course in Clinical Leadership in Midwifery  Certificate Course in Clinical Leadership in Midwifery  Certificate Course in Professional Addividery Practice Series 2 Promoting Normal Birth  Professional Training Course in Teaching and Learning in Midwifery Education  Certificate Course in Professional Midwifery Practice Series 2 Promoting Normal Birth  Professional Training Course in Critical Care in Obstetrics  Professional Training Course in Circiacl Paramacology in Obstetrics  Waterbirth: why and how it differs from land birth  Practical Obstetric Multi-Professional Training (PROMPT)

List of Non-local Specialised Midwifery Courses recognised under the Voluntary Scheme on Advancement on Midwifery Practice

	Course Name	Organiser(s)	Duration of course (in terms of hours)	Number of study hours to be counted (maximum = 30)	Remarks (please provide the website link of the courses, if possible)
1	Human Milk Composition and Function		12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be01
2	Anatomy & Physiology of the Lactating Breast		12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be02
3	Positioning and Latch of the Breastfeeding Infant		12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be03
4	Breastfeeding Initiation and the First Week		12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be04
5	Communication and Education	Health e-learning The International Institute of Human	12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be05
6	Human Milk, Breastfeeding & the Preterm Infant	Lactation Inc.	12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be06
7	Breastfeeding After the First Week		12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be07
8	Lactation, Human Milk and Pharmacology		12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be08
9	Other Factors Affecting the Breastfeeding Dyad		12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be09
10	Breastfeeding and Public Health		12 hours	12 hours	https://www.health-e-learning.com/courses/breasted/be10
11	Lactation Consultant Training Program	Lactation Education Resources	90 hours		https://www.lactationtraining.com/lactation-consultant-training- program#cpi
12	GOLD Learning Online Tongue-tie Symposium	GOLD Learning Online Continuing Education	8 hours	8 hours	https://www.goldleaming.com/online-events/symposium-series

#### Step 5

If ascertained, go to Part A(iv) on page 2 of the application form and check the applicant's <u>full</u> <u>time post-registration experience in midwifery</u> practice (eligibility criterion (d))

#### Step 1

Go to Parts A (i) & (ii) on page 1 of the application form as well as the corresponding documentary proof(s)

#### THE MIDWIVES COUNCIL OF HONG KONG APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE MIDWIFE

of Hong Kon midwife. Note 2: Any amendm Note 3: Applicants w of notificatio setting out de by the applic	g ("the Council") i ents made should be hose applications an in by the employers. stails of the reasons	may not be able to pr initialed by the respec re not supported by the	ocess your application					
Note 2: Any amendm Note 3: Applicants w of notification setting out d by the applic	hose applications and by the employers. Stails of the reasons.	re not supported by the	otive nerson i.e. the ne	The provision of personal data is voluntary. However, if you do not provide sufficient information, the Midwives Council of Hong Kong ("the Council") may not be able to process your application for recognition as an advanced practice midwife.				
ote 2: Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.  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 b	y the applicant							
I, (*Mr/Ms/Miss/Mrs/			ninese (if applicable) mi					
		-			_			
holder of *Hong Kon	g Identity Card N	lo./Passport No						
a Hong Kong Registe	red Midwife		register	ed on				
		(Registration No.	)		(Date o	of Registration)		
Tel. No	an	d E-mail address .						
hereby apply for reco	onition as an adv	anced practice mid	lwife with the Cour	cil via n	ny current	employer		
		romation with doc	umentary support to	o facilita	ite the appl	ication:		
I voluntarily provide  (i) Academic Quali	fications Note:			o facilita				
	fications Note:	Formation with doc Title of the P		F		g Period To (Month/Year)		
(i) Academic Quali Training Insti	fications Note:			F	Training	g Period To		
(i) Academic Quali Training Insti	fications Note:			F	Training	g Period To		
(i) Academic Quali Training Insti	fications Note:			F	Training	g Period To		
(i) Academic Quali Training Instit (name and add)	fications Note: ution lress)	Title of the P	Programme	F (Mon	Training From hth/Year)	g Period To (Month/Year)		
(i) Academic Quali Training Instit (name and add)	fications Note: ution lress)	Title of the P		F (Mon	Training From hth/Year)	g Period To		
(i) Academic Quali Training Instit (name and add)	fications Note: ution lress)	Title of the P	Programme	F (Mon	Training From hth/Year)	g Period To (Month/Year)		

Hong Kong Council for Accreditation of Academic and Vocational Qualifications at their own cost.

(ii)→Post-registration-Professional Qualifications:

Organisation

Fellow-Number

Year obtained

Hong Kong Academy of Nursing

F09000100

2018

#### Step 2

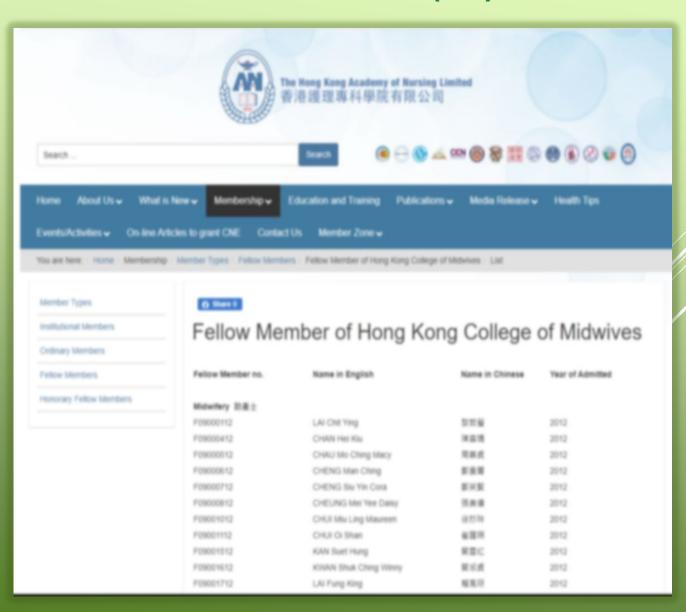
Check the relevant documentary proof i.e. the diploma of fellowship issued by the HKAN



#### Step 3

Check whether
he/she is on the List of
Fellow Members at

https://www.hkan.hk/main/en/me mbership/member-types/fellowmembers/fellow-member-of-hongkong-college-of-midwives/list



#### Step 4

If the applicant was admitted in 2012, 2013 or 2014, and the eligibility is ascertained, go to Part A(iv) on page 2 of the application form and check the applicant's full time post-registration experience in midwifery practice (eligibility criterion (d))

Part A(i) on page 1 of the application form and check if the programme is on the List of Master programmes in health related stream

If ascertained, go to Part A(iv) on page 2 of the application and check the applicant's full time post-registration experience in midwifery practice (eligibility criterion (d))

Consider **ALL** the applicant's full time post-registration experience in midwifery practice as indicated in <u>Part A(iv)</u> on page 2 of the application form

#### Please refer to either of the following:

	Applicants who have been RMs currently employed by your company/organisation for less than six years	Applicants who have been RMs currently employed by your company/organisation for six years and/or above
Documentary proof(s)	<ul> <li>✓ issued by previous employer(s)</li> <li>and</li> <li>✓ the current employer (i.e. your company/organisation)</li> </ul>	✓ solely issued by the current employer (i.e. your company/ organisation)
Your action	Council's requirements by certifying	pplicant concerned has fulfilled the ghis/her duration of full time post-y practice immediately prior to the

#### Certification letter for experience in midwifery practice (sample)

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	<b>31/01/2021</b> serving in midwifery.							
(Starting date)	(Completion date)							
Total number of years of full time post-registration experience of the applicant in midwifery practice in our organisation is6 months.								

#### This is to certify that (Full name in English and Chinese of the applicant) has been in the employment of (Name of organisation) serving in midwifery. (Starting date) (Completion date) Total number of years of full time post-registration experience of the applicant in midwifery practice in our organisation is \_\_\_\_\_\_ years \_\_\_\_\_ months. Signature: Name: (in block letters) Position: Official Chop

Name of organisation:

Date:

Certification for Experience in Midwifery Practice

# 3. SUBMITTING ASCERTAINED APPLICATIONS (WITH A STANDARDISED COVERING LETTER)

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

Use <u>a standardised covering letter</u>, which should be signed by the authorised person of your company/organisation

# 3. SUBMITTING ASCERTAINED APPLICATIONS (WITH A STANDARDISED COVERING LETTER)

a standardised covering
letter which should be signed
by the authorised person of
your company/organization

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 Midwife" in the envelope)

#### Applications for Recognition as Advanced Practice Midwives

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

The applications for recognition as advanced practice midwives 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 midwife in Hong Kong;
- (b) a true copy of graduation certificate / transcripts of studies showing that the applicant concerned has obtained a Master degree in Midwifery, 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 a total of 60 hours of the specialised midwifery courses, certified by our organisation, if any;
- (d) a true copy of diploma of fellowship of the Hong Kong Academy of Nursing ("HKAN") in the specialty of Midwifery 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 experience in midwifery practice immediately prior to the application, **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:	
Position:	(in block letters)
Name of organisation:	
Date :	

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

	THE MIDWIVES COUNCIL OF HONG KONG APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE MIDWIFE						
Note 1:	The provision of personal data is voluntary. However, if you do not provide sufficient information, the Mithrives Council of Hong Kong ("the Council") may not be able to process your application for recognition as an advanced practice						
Note 2: Note 3:	makeyt. Any amendment made should be initialed by the respective person. Le., the person who has made the amendment. Applicants whose applications are not supported by their employer may appeal to the Council in \$6 days upon receipt of prodification by the employer. Such applications for appeal beloads to administ who is learn inseed by the employers setting and dealth of the reasons for more 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/l	As/Miss/Mrs/Dr)						
	(Full name in English and Chinese (if applicable) must match with the Register of Midwives)						
holder of	*Hong Kong Identity Card No./Passport No,						
a Hong I	Cong Registered Midwife registered on						
	(Registration No.) (Date of Registration)						
Tel. No.	and E-mail address						
hereby a	pply for recognition as an advanced practice midwife with the Council via my current employer.						
I volunta	arily provide the following information with documentary support to facilitate the application:						
	DECLARATION FORM						
(1) 1	I declare that:						
	(a) I have / have not* been convicted of any offence punishable with imprisonment in Hong Kong or elsewher	e.					
	(b) there are / are no* criminal proceedings in progress against me in Hong Kong or elsewhere. [Nota 3]						
_	(c) I have / have not* been found guilty of unprofessional conduct in place(s) outside Hong Kong. [New 1]						
		_					
	<ul> <li>(d) there are / are no* professional disciplinary proceedings in progress against me in place(s) outside Hong Kon [Now 1]</li> </ul>	g.					
(ii) I	In the event of any change in the accuracy of the declarations made in paragraphs (a) to (d) above, following my conscient offices puntished with imprimentant in fing King or of selventhes, commencement of any criminal proceeding, against me the King or slow-there. being found pully of any unproductional conduct in place(s) outside Hong King and/or commencement productional discriptorary proceeding, against me as judecisy officed Hong King indepent to the complication of the Declarational Conference of the Conf	in Hon at of an					
	Signature of applicant:	_					
Note:	Name of applicant:						
	(English) (Chinese)						
	Correspondence address of applicant:	-					
	Contact tel. no. (preferably in Hong Kong):	_					
	Email address (if any):	_					
	Entan accress (it airy).	_					
	Signature of witness:	_					
	Name of witness: (English) (Chinese)	_					
	Correspondence address						
	of witness:						
	Telephone no. of witness (preferably in Hong Kong):						
	Date of Declaration (DD/MM/YYYY) [Non 4]:						
	* Deleaw whichever is inapplicable.  Note 1. If it is not in deflowment, fall desuits must be amended.  Note 2. If it is not in deflowment, fall desuits must be amended.  If it is not in the deflowment made which Robbiditation of Offenders Ordinance (Cap. 297). I am therefore required to be a contracted or designation in the commentance.  Note 3. "Others are not yor by receivings, full destine must be attacked.  Note 4. "De data of designations must be one of the anti-must be attacked.  Note 4. "De data of designations must be one of the anti-must be designated or the contraction of the anti-must be designation of the requirement of the anti-must be anti-must be attacked.  Note 5. "Any one must be designated or the contraction of the anti-must be designated as invalid.  Note 5. "Any one-admenst made should be initialed by the supportive purson, i.e., the purson who has made the amendments.	ed					

d: Chan 07-Jan-2021 CHAN Tai-ma on: HR Manager The Chinese Univers	
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Rep Issued to: ID No	ort for Qualifications Ass CRIGINAL SEEN Signed: CLAA Date: Orthographii Name: CHAN Talman Position: HR Manager
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	獲順授為臨時香港護理專科學院
	助產士院士
	given this Tenth day of May 2014 城長日期:二零一四年五月十日
	fil-
	Dr. Susie LUM, President 按長共衛縣博士
Re	rg. No. : <u>F09016014</u>

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

2. Academic & professional qualifications (certified true copies)

To: Central Registration Office, Boards & Councils Office, Department of Health- 17/F, Wu Chung House, 213 Queen's Road East, Wanghai, Hong Kong-							
!	Certification for Experie	nce in Midwifery Pr	<u>actice</u> + <sup>j</sup>				
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(Starting date)	(Completion date)						
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Official Chop-	Nami_i_i	ne employment of	(Full name in English	h and Chinese of the applicant) .			
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	Total number	of years of full time	post-registration experie	ence of the applicant in midwifery practice			
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			Signature:				
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			Date :₽				

3. Certification for experience in midwifery practice issued by employer(s)

# 3. SUBMITTING ASCERTAINED APPLICATIONS (WITH A STANDARDISED COVERING LETTER)

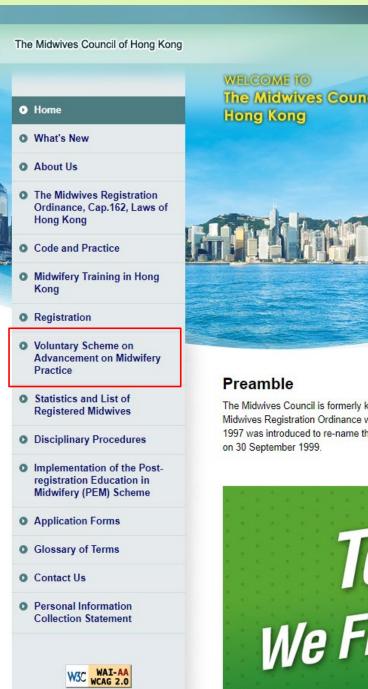
 Applications for recognition as advanced practice midwives will be accepted starting from 21 January 2022



#### **MWCHK WEBSITE**

Documents and further details are available on the Council's website

https://www.mwchk.org.hk/ english/voluntary\_scheme/i ndex.html





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The Midwives Council is formerly known as the Midwives Board. The Midwives Board was named when the Midwives Registration Ordinance was first enacted in 1910. The Midwives Registration (Amendment) Ordinance 1997 was introduced to re-name the Midwives Board as Midwives Council. The Midwives Council came into being on 30 September 1999.



#### **ENQUIRIES**

Please contact the Council Secretariat at **(852) 2527 8553** during office hours, or by e-mail at **pa2\_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

## THANK YOU!