October to December Briefing Sessions on Application for Clinic Licence and Request for Letter of Exemption (For Clinics with Dental Practice)

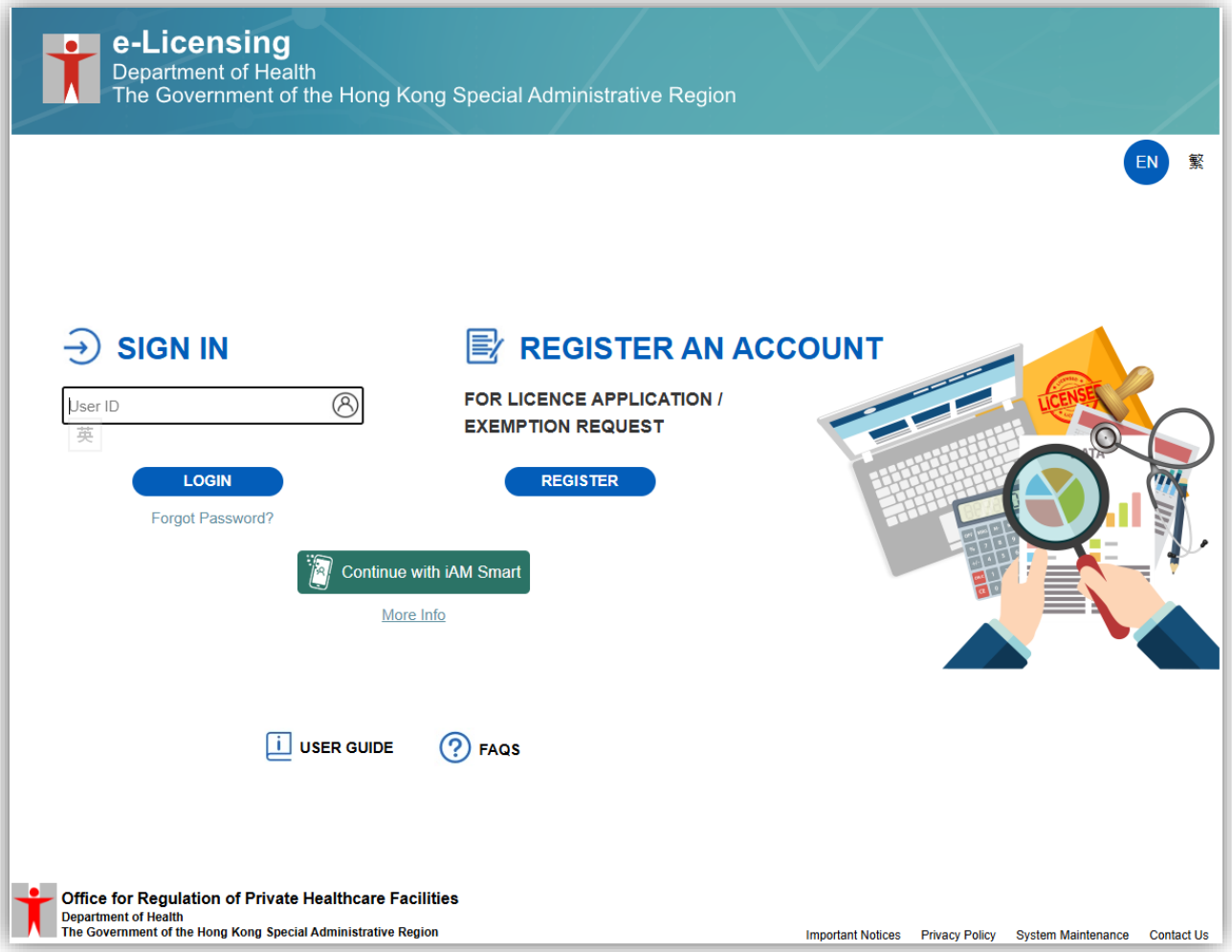
"第一章：進化！電子交FORM，唔使心慌！

Dental Regulatory and Law Enforcement Office

Dental Services

Department of Health

"第一章：進化！電子交FORM，唔使心慌！

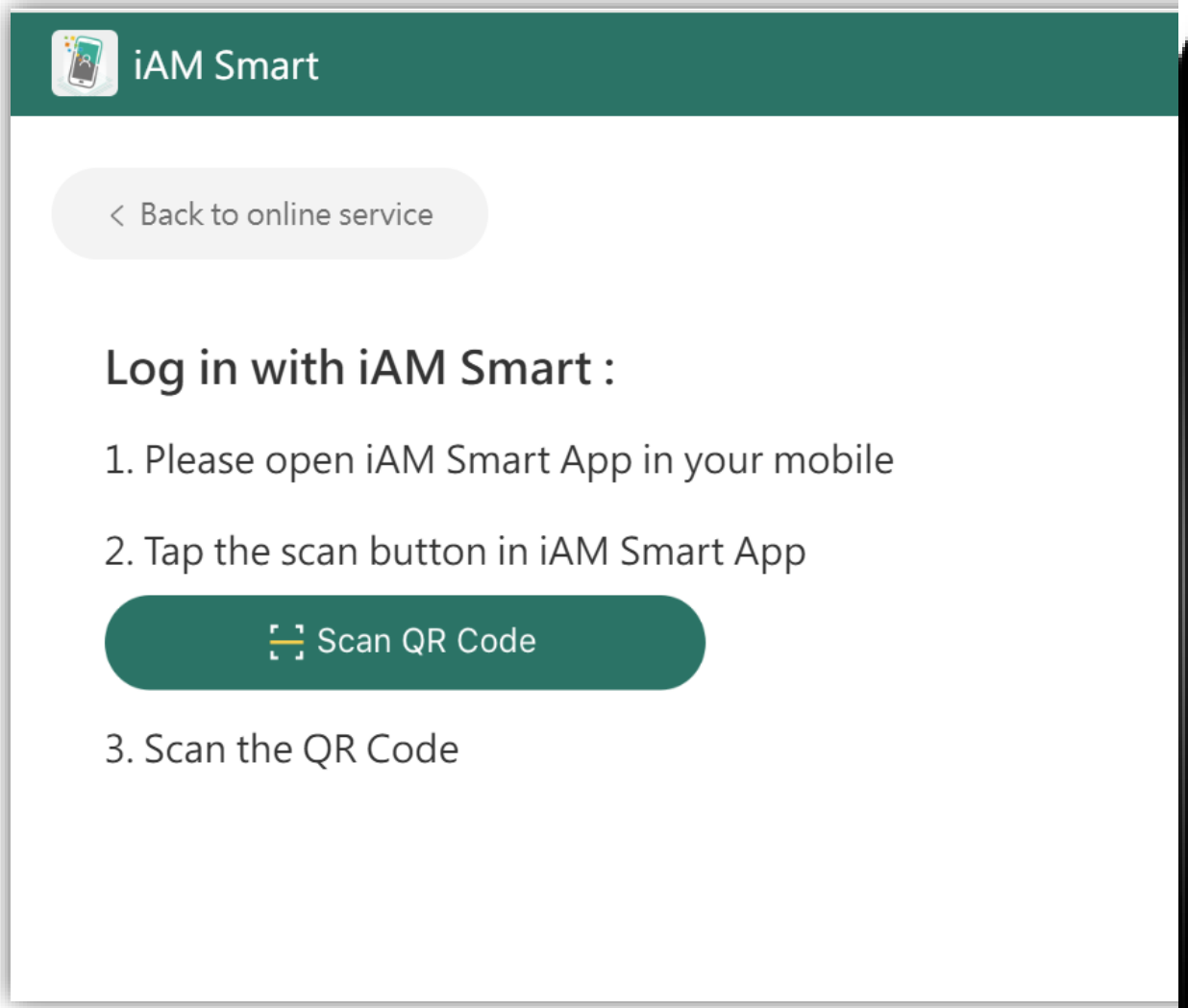


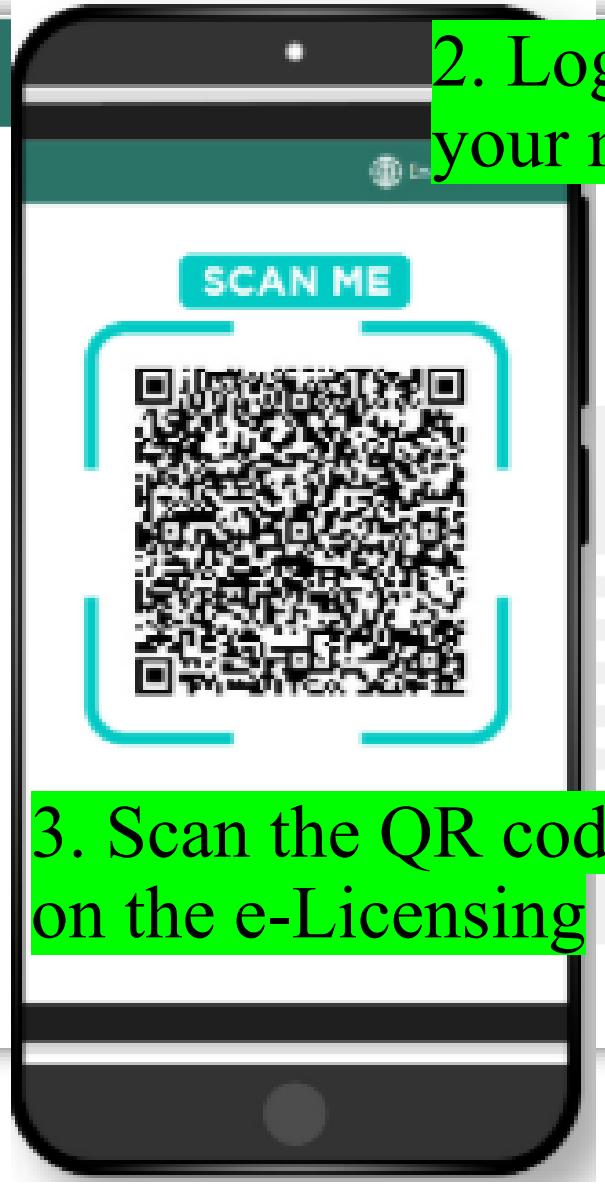
https://apps.orphf.gov.hk/Submission/Main/Main.aspx

Register e-Licence Account

Create New User Account - iAM Smart

Create New User Account - iAM Smart



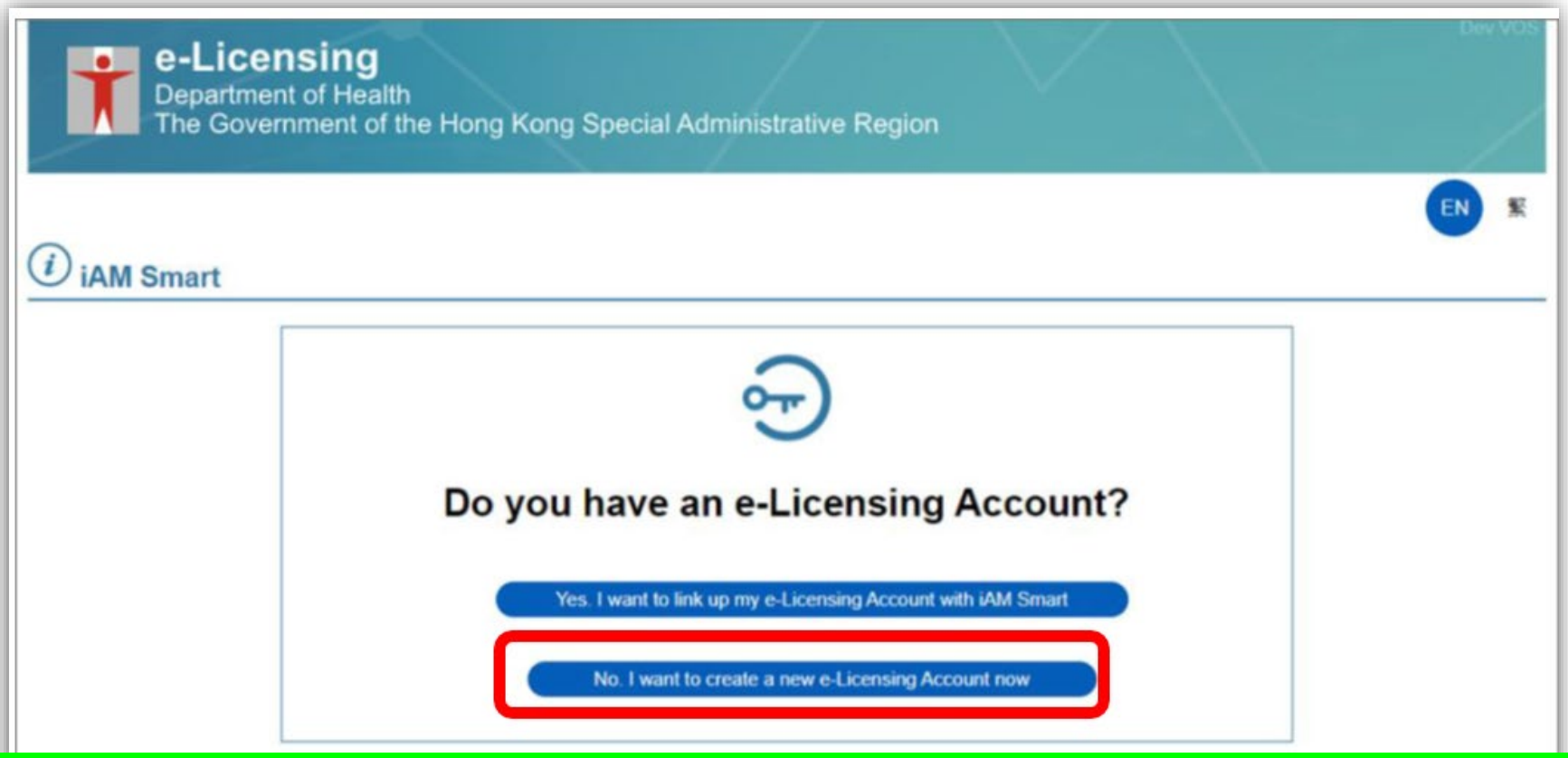


2. Log in iAM Smart via your mobile device

智 方 便
iAM Smart

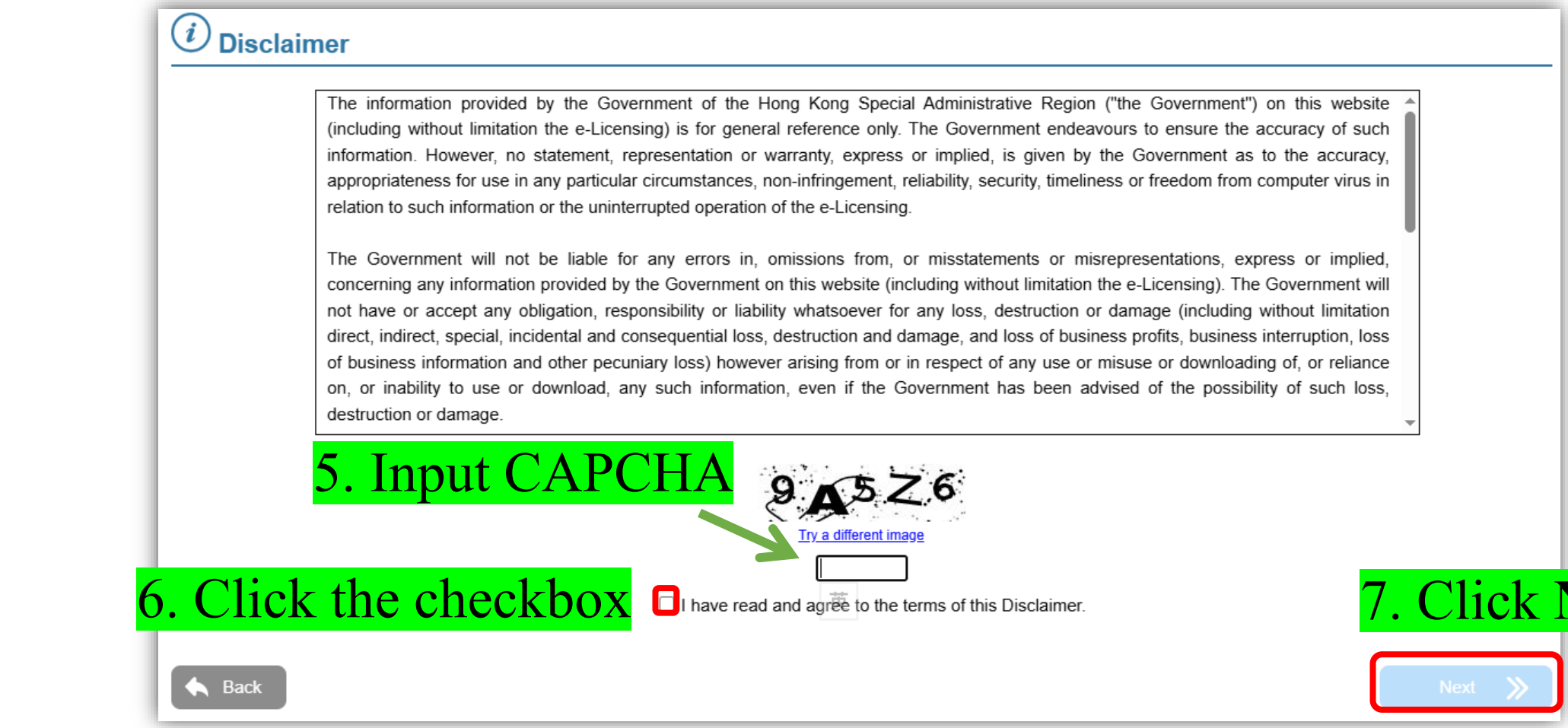
3. Scan the QR code on the e-Licensing

Create New User Account - iAM Smart

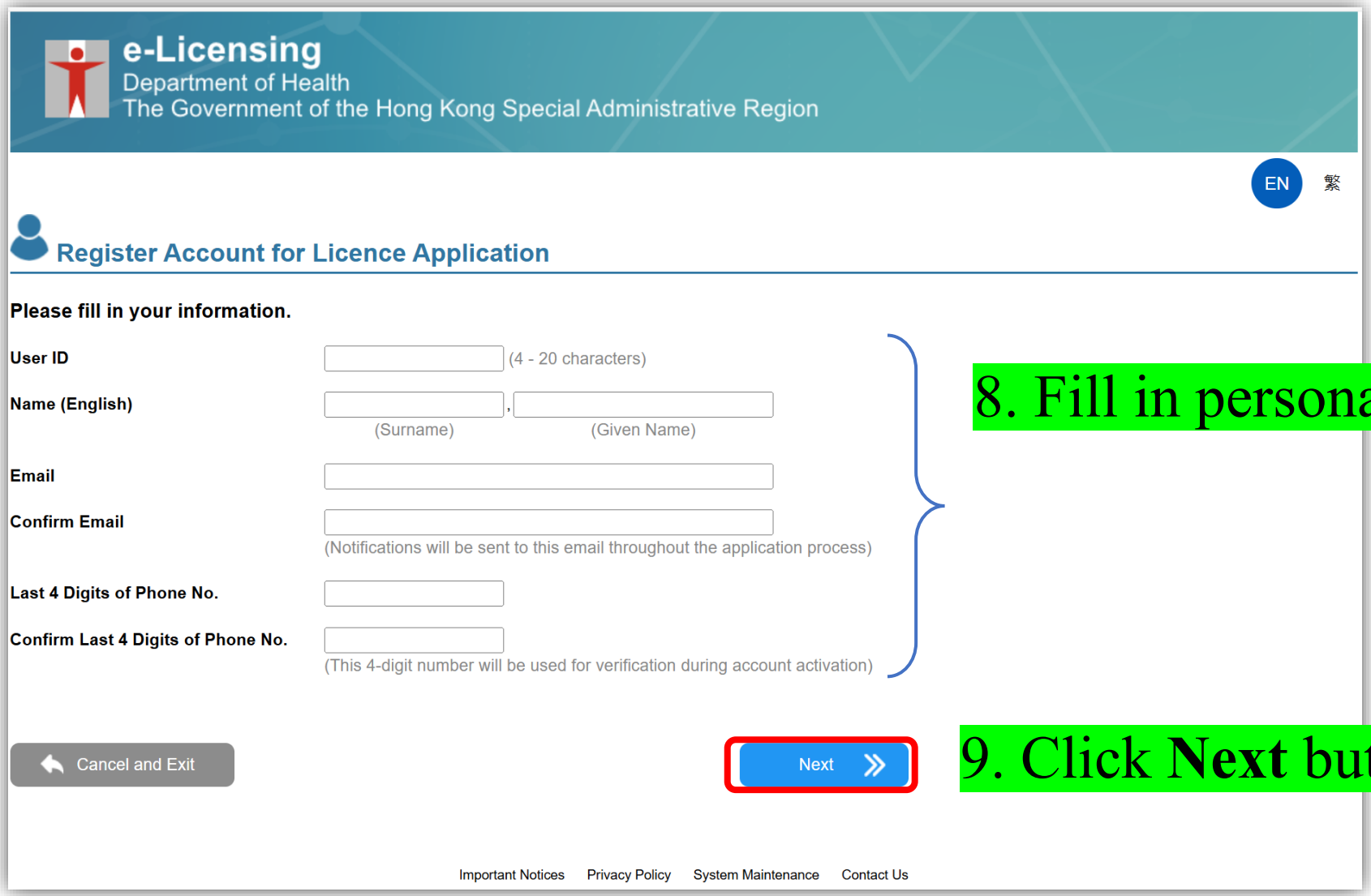


4. Click "No. I want to create a new e-Licensing Account now" in the pop-up

Create New User Account - iAM Smart



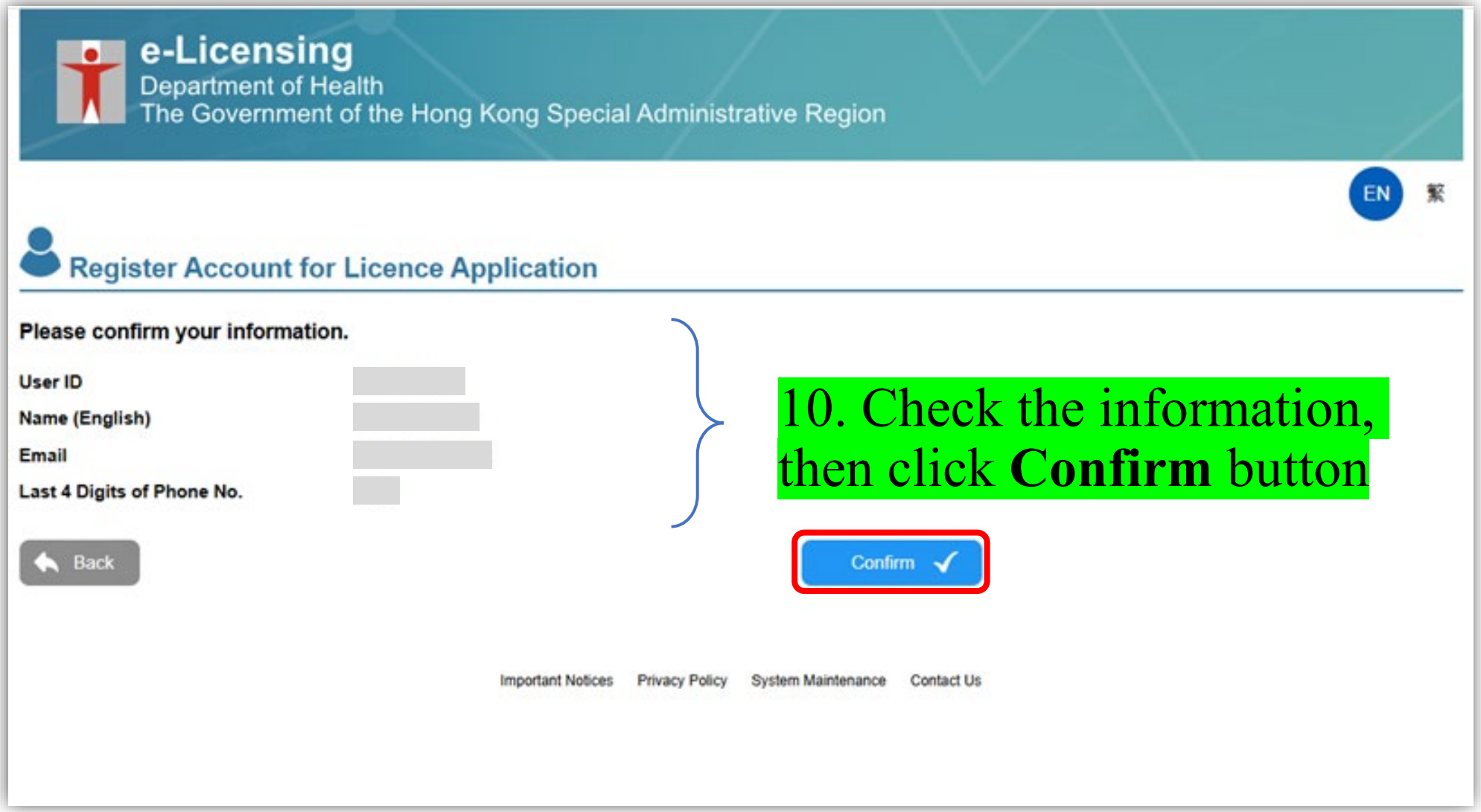
Create New User Account - iAM Smart



8. Fill in personal particulars

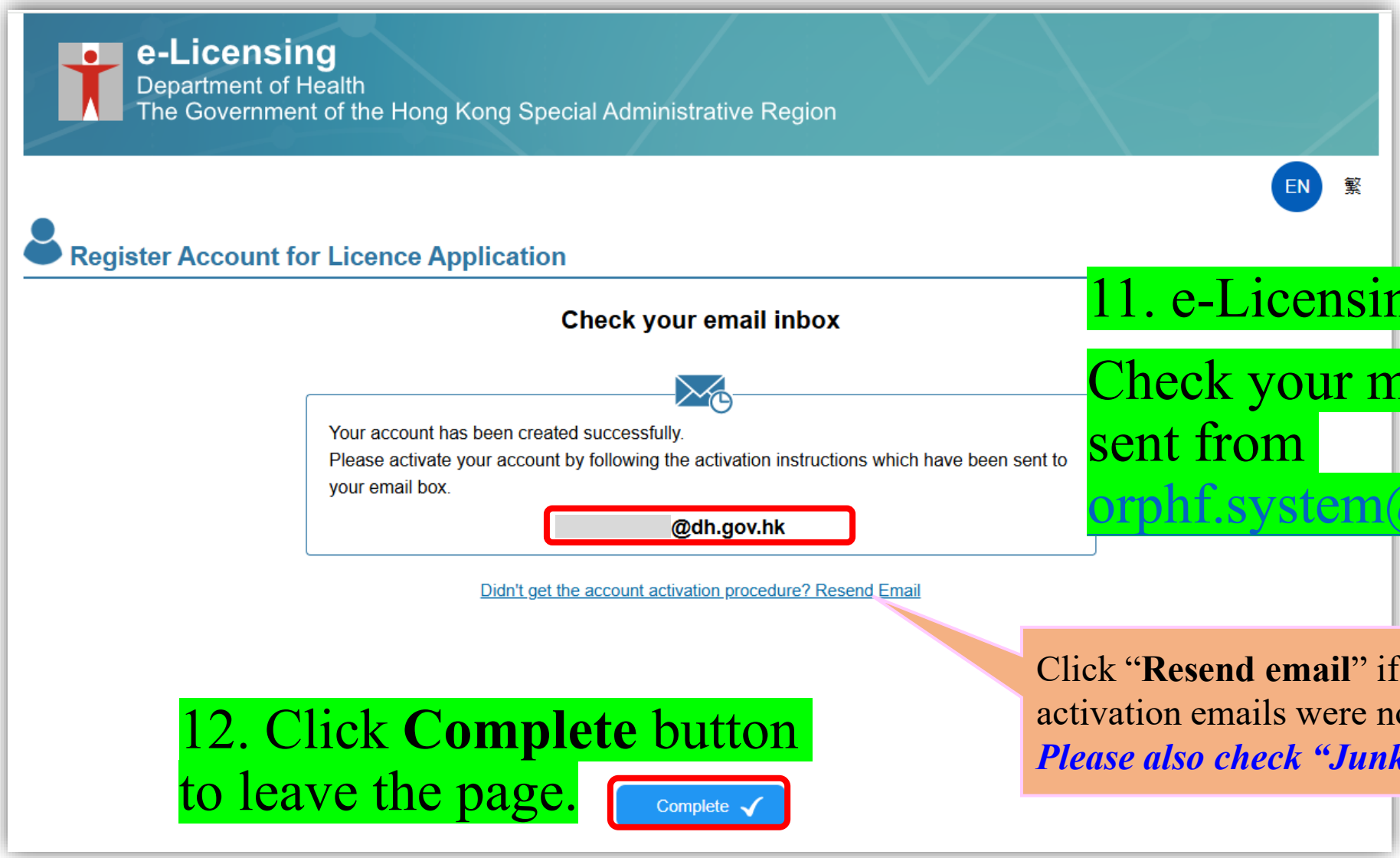
9. Click **Next** button

Create New User Account - iAM Smart



10. Check the information, then click **Confirm** button

Create New User Account - iAM Smart



11. e-Licensing account is created.

Check your mailbox for 2 emails sent from orphf.system@dh.gov.hk

Click "**Resend email**" if the activation emails were not received.
Please also check "Junk" folder.

12. Click **Complete** button to leave the page.

Create New User Account - iAM Smart

Account Activation Procedure of e-Licensing 電子牌照系統帳戶啟動程序

o orphf.system@dh.gov.hk 4:20 PM

To You

Dear OCEAN, TWO,

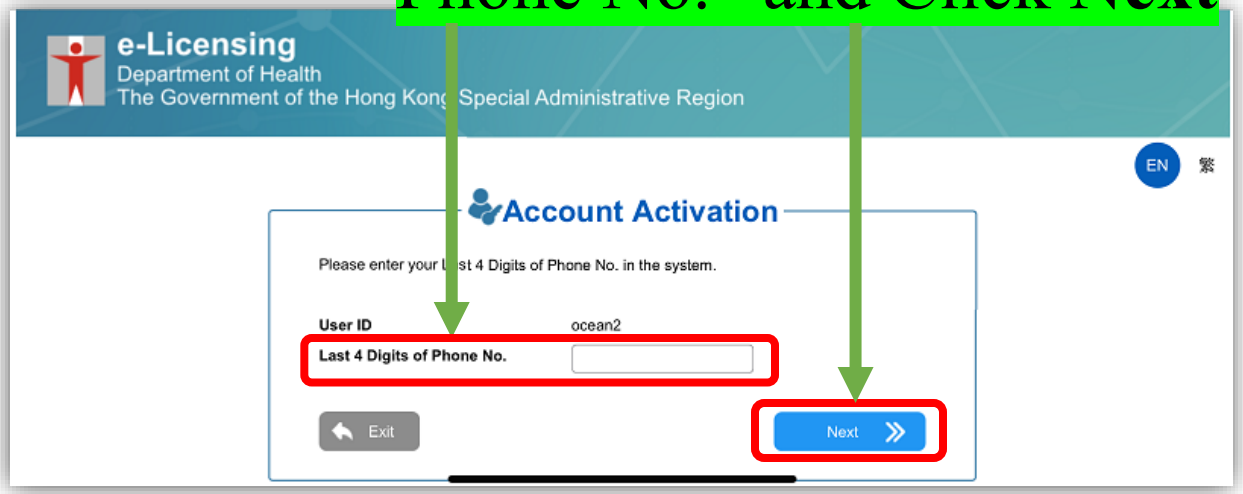
You must complete the account activation process before you can use the e-Licensing. Please activate your account by clicking the following link :

https://apps.orphf.gov.hk/Submission/Account/Activation.aspx?code=86rnDA1Jadqj0P05Vv6i&type=reg&lang=en

For enquiry, please contact our staff at 3107 8451 or email to orphf@dh.gov.hk.

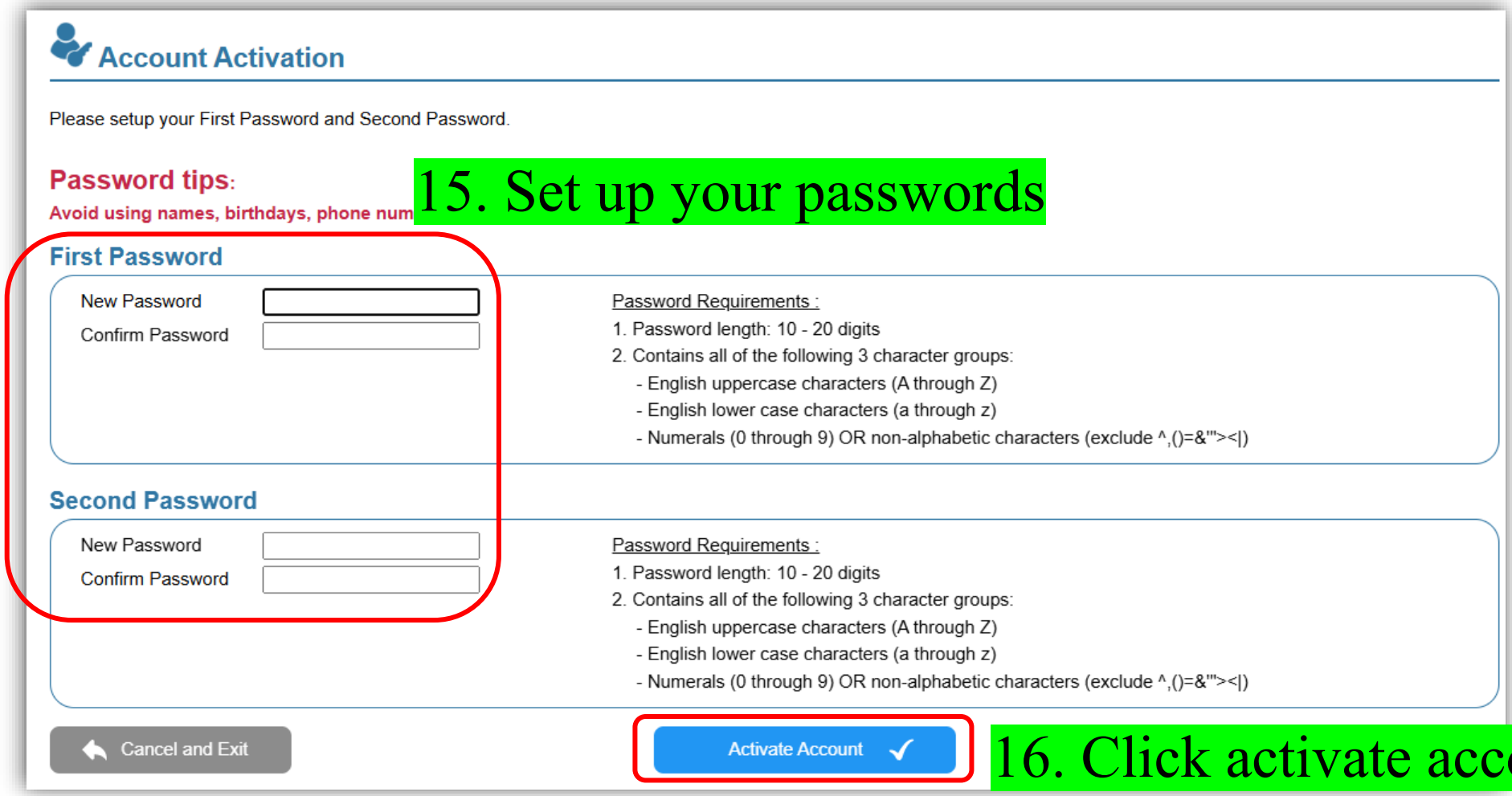
13. Click the link to activate e-Licensing Account

14. Input the "Last 4 Digits of Phone No." and Click **Next**

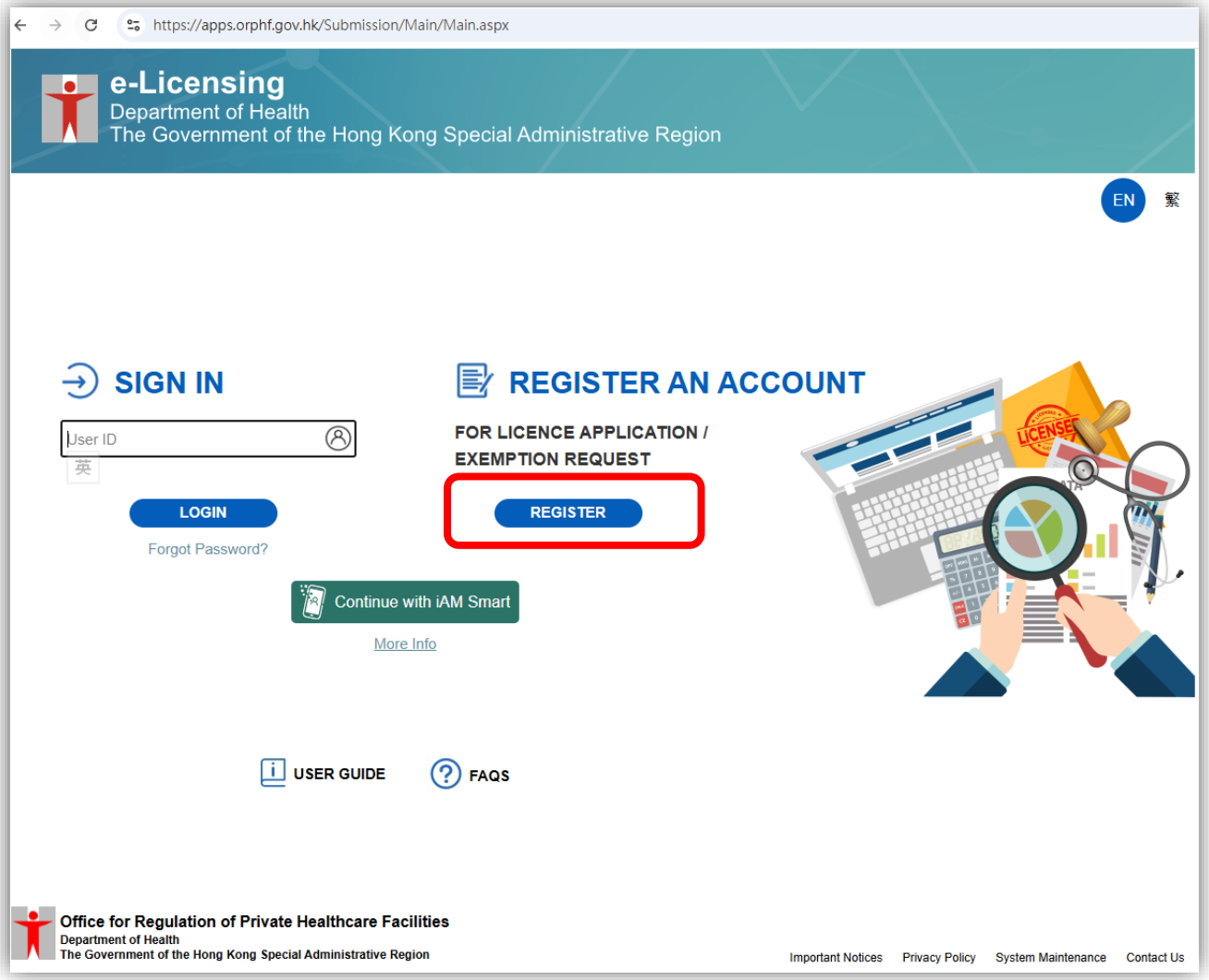


Create New User Account - iAM Smart

智方便 iAM Smart



Create New User Account - Without iAM Smart



Click “Register”

(Please refer to user guide “How to register an e-liencsing account” on ORPHF website)

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User Guide for e-Licensing

Clinic Licence Application

Start a Clinic Licence Application

Private Healthcare Facilities Ordinance (Cap. 633)

Type of Licence

Clinic

Click 'Apply Now'

- First Application

Form No.: PHF 32 & PHF 33 Apply Now User Guide for e-Licensing

Form Title: Application Form and Checklist of Documents for Clinic Licence
(To be available on 13 Oct 2025)

Relevant Information:

- Overview of the Application for Clinic Licence
- PHF(E) 31A Code of Practice for Clinic Licence
- PHF(E) 32A Guidance Notes for Application for Clinic Licence
- PHF(E) 81A Guidance Notes for Assessing Fitness and Properness of Applicants / Chief Medical Executives for Licence Application
- PHF 34 Declaration by the Chief Medical Executive of a clinic
- PHF 35 Report for Application for Clinic Licence
- PHF 212 Checklist of documents of healthcare engineering systems and summary of healthcare engineering standard(s) / code(s)
- PHF 216 Checklist of Documents of Healthcare Engineering Systems to be available on site for inspection
- Certificate of Compliance with Healthcare Engineering Requirements (For Day Procedure Centre / Clinic) - Electrical Installation
- Certificate of Compliance with Healthcare Engineering Requirements (For Day Procedure Centre / Clinic) - Specialized Ventilation System
- Certificate of Compliance with Healthcare Engineering Requirements (For Day Procedure Centre / Clinic) - Medical Gas Pipeline System

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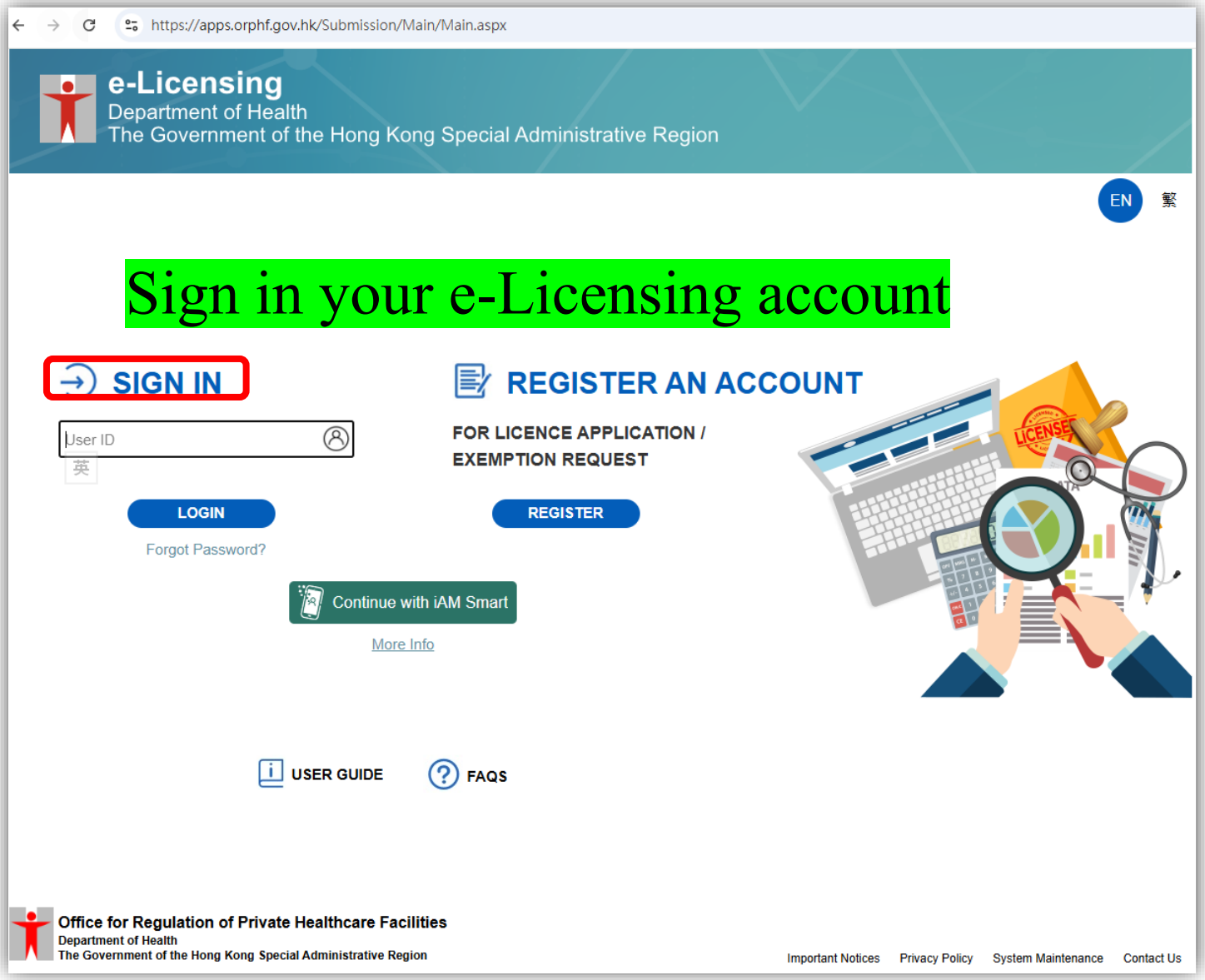
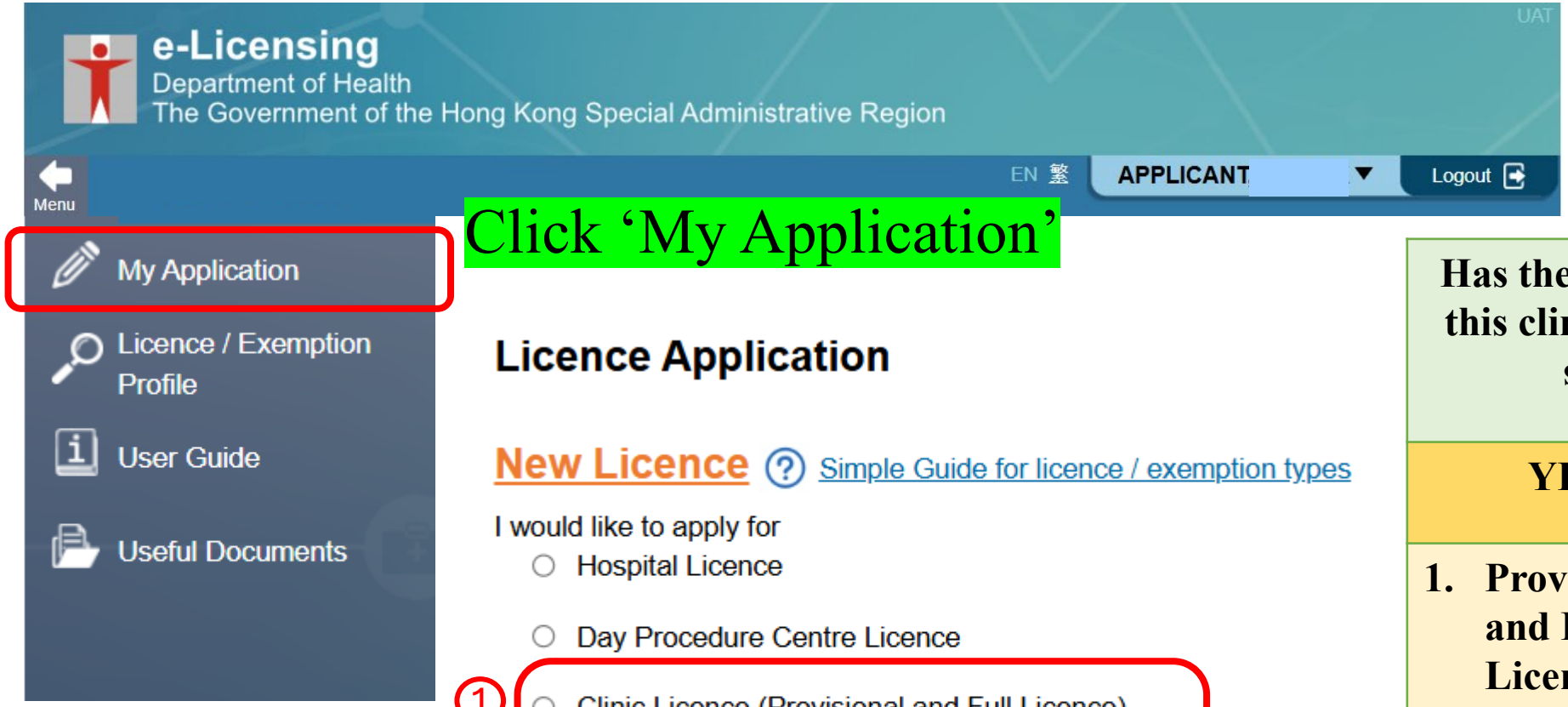
Application for licence

https://www.orphf.gov.hk/s/MAPYF

Start a Clinic Licence Application



Start a Clinic Licence Application



Has the applicant been operating this clinic at the SAME premises since 30 Nov 2018?	
YES	**NO**
1. Provisional and Full Licence *OR* **2. Full Licence**	**2. Full Licence**

Start a Clinic Licence Application

Clinic Licence (Provisional + Full)	Clinic Licence (Full)
Application period*: **13 Oct 2025 – 13 April 2026**	**Application open from:** **13 Oct 2025**

Start a Clinic Licence Application

Important Notices

- List of forms and documents relevant to the application for clinic licence
- The following documents must be read before application:
  - i) PHF(E) 31A Code of Practice for Clinic Licence (Cap. 633)
  - ii) PHF(E) 81A Guidance Notes for Assessing Fitness and Properness of Applicants / Chief Medical Executives for Licence Application
  - iii) PHF(E) 32A Guidance Notes for Application for Clinic Licence (Cap. 633)
  - iv) Personal Information Collection Statement
- Registration and upgrade to ""iAM Smart +"" for digital signing of application documents.
- Submission of application must be accompanied by PHF 33 Checklist of Documents and all applicable documents stated.
- Under the Private Healthcare Facilities Ordinance (Cap. 633) ("the Ordinance"), any person who furnishes in this application any statement or information that is false or misleading in a material particular may commit an offence.

Read these documents

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Important documents

Declaration

Tick this box

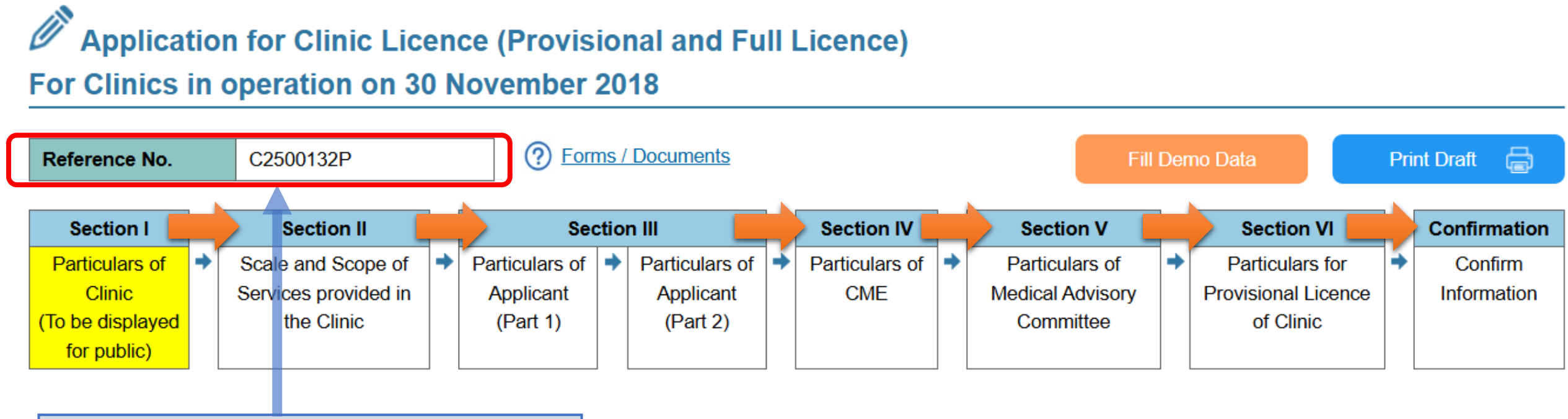
☑ I have read and understood the above notices.

Back

Click 'Proceed'

Proceed

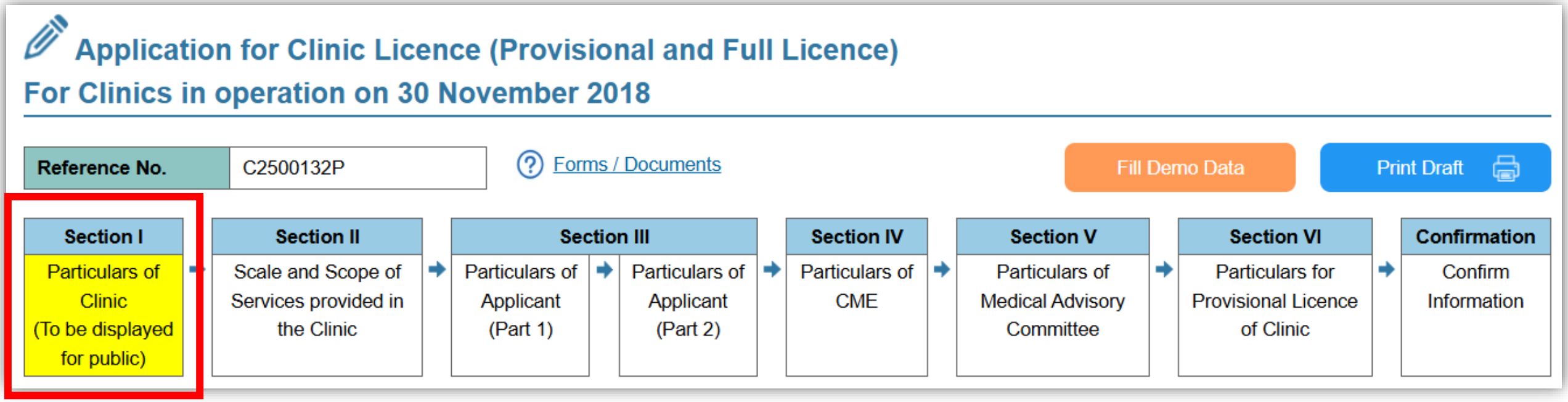
Start a Clinic Licence Application



This reference no. is used to communicate with DH during the licence application

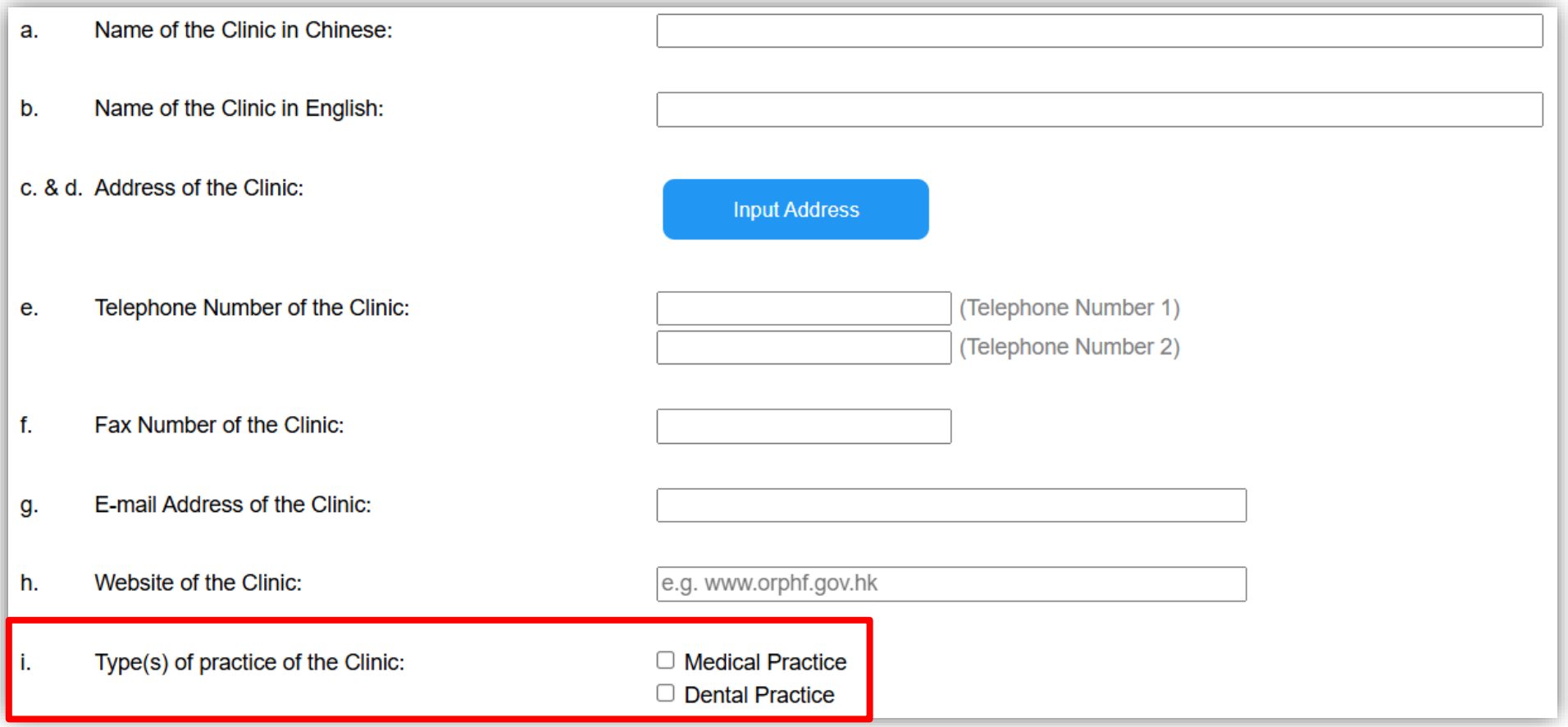
Clinic Licence Application
Section I

Start a Clinic Licence Application – Section I



Start a Clinic Licence Application – Section I

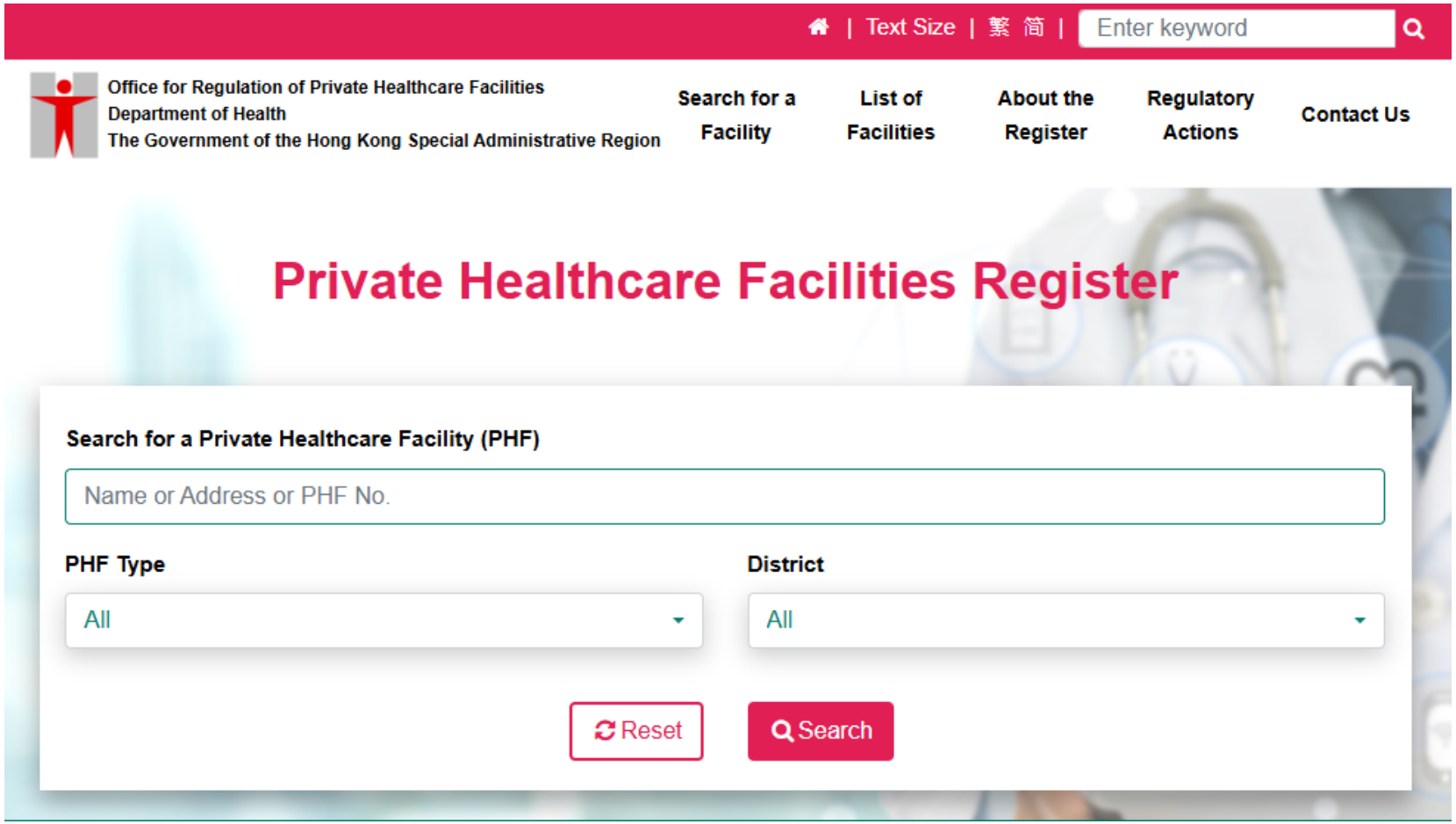
Input the clinic's information



Click the type(s) of practice

Start a Clinic Licence Application – Section I

Clinic information in Section 1 will be displayed at PHF Register after approval from DH



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PHF Register

Start a Clinic Licence Application – Steps to input address

Start a Clinic Licence Application – Steps to input address

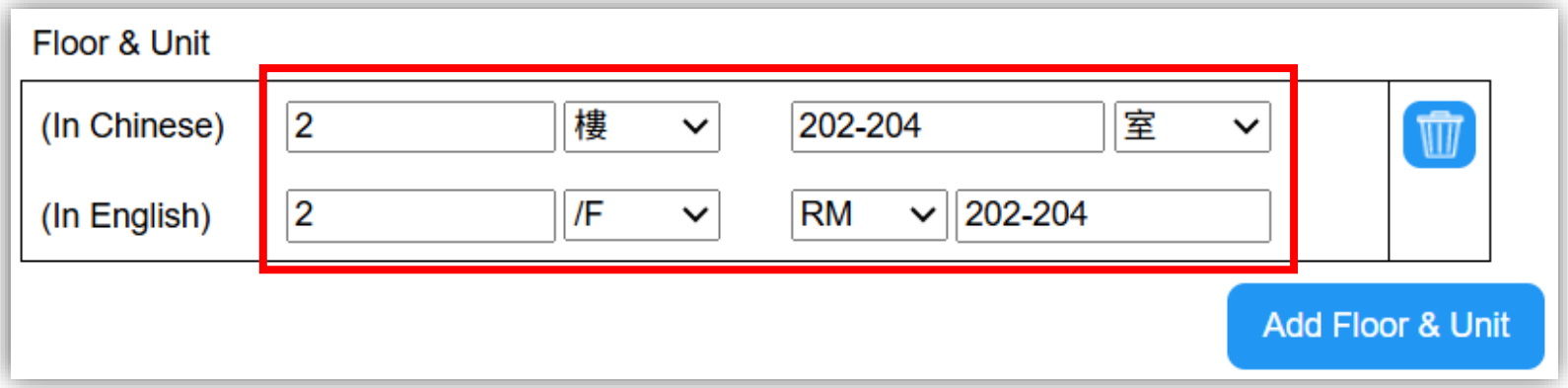
Step 2: Input building name or street no. and street name

Step 3: Select the correct building

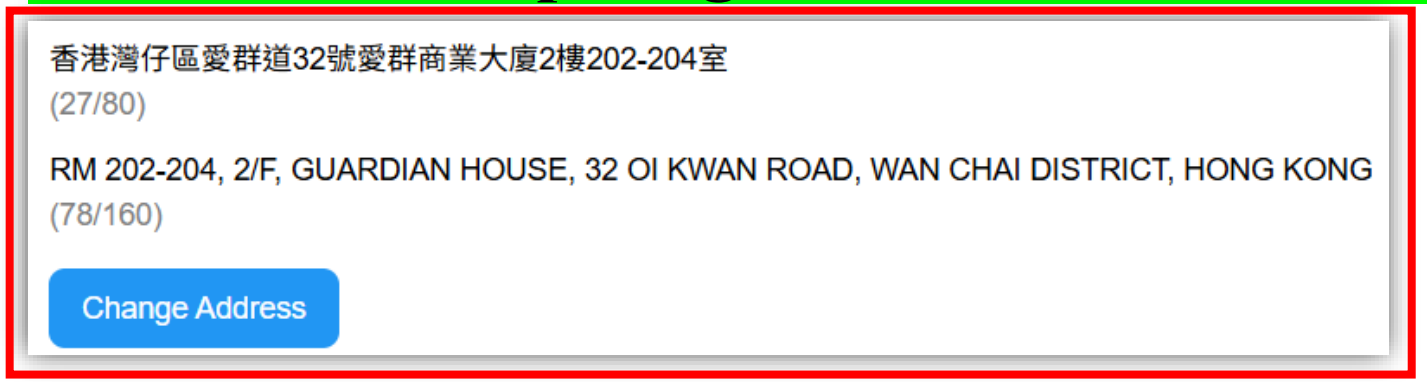
Step 4: Click "Confirm Selection"

Start a Clinic Licence Application – Steps to input address

Step 5: Input room numbers by floor level

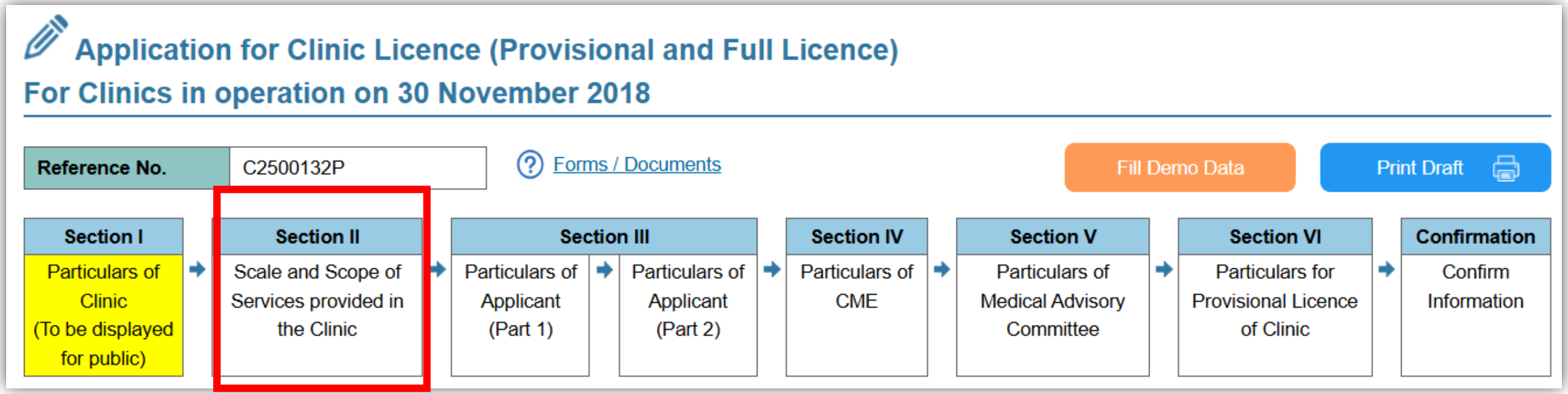


Step 6: Check if the clinic address is correct. Click "Change Address" to search and input again if the address is incorrect



Clinic Licence Application
Section II

Start a Clinic Licence Application – Section II



Start a Clinic Licence Application – Section II

No. of rooms to be counted in a clinic

See Guidance Notes for Clinic Licence Application (PHF(E) 32A) for details

Application fee is based on the scale of services of the clinic.

Any application fee paid is NOT refundable.

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Guidance notes for clinic licence

a. Scale of Services provided in the Clinic:

Room type	Number ⓘ
Operating room	0
Designated room for medical procedures (excluding consultation rooms and operating rooms)	0
Consultation room for doctor	0
Consultation room for dentist	2
Total	2 (Calculate automatically)

Start a Clinic Licence Application – Section II

Common clinical supporting services provided in dental practice

- **Pharmacy or dispensing service**
- **Radiology or imaging service**

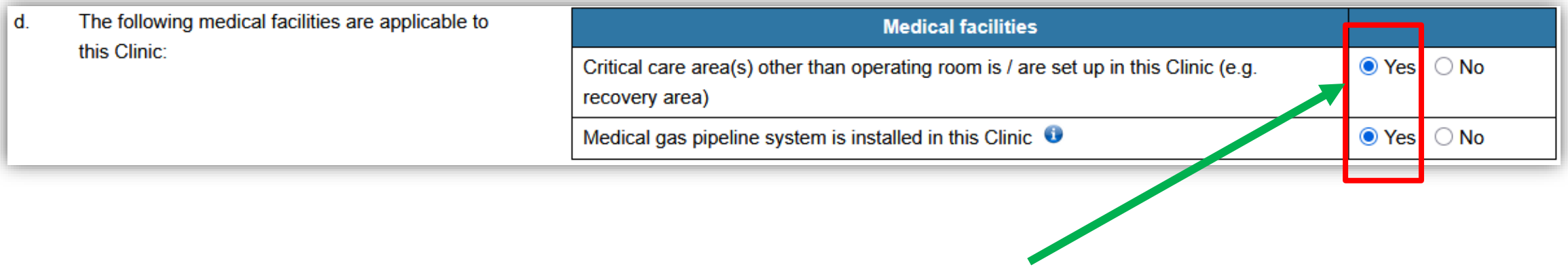
b. Details of clinical and clinical supporting service(s) provided in the Clinic:

Details of clinical and clinical supporting service(s)	
Pharmacy or dispensing service	(●) Yes ( ) No
Medical laboratory service	( ) Yes (●) No
Occupational therapy service	( ) Yes (●) No
Optometry service	( ) Yes (●) No
Radiology or imaging service	(●) Yes ( ) No
Physiotherapy service	( ) Yes (●) No
Chiropractic service	( ) Yes (●) No
Chinese medicine service	( ) Yes (●) No
Others (e.g. Audiology service, Speech therapy service, Dietetic service, Clinical psychology service) + Add Other Service	( ) Yes (●) No

Click "Yes"

Start a Clinic Licence Application – Section II

- **Critical care area(s) other than operating room is / are set up in this Clinic (e.g. recovery area)**
- **Medical gas pipeline system is installed in this Clinic**



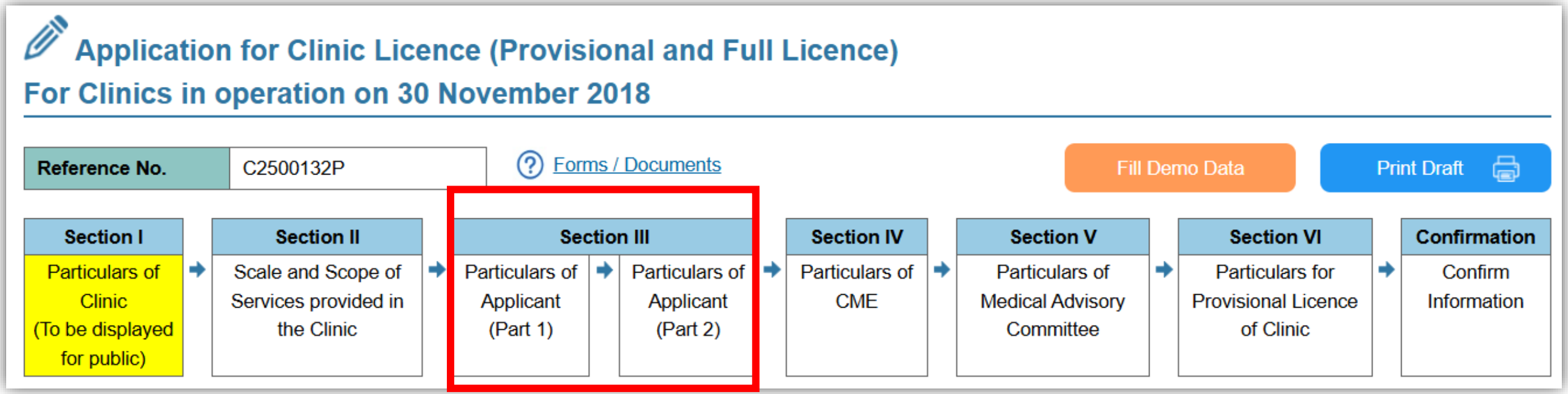
d. The following medical facilities are applicable to this Clinic:

Medical facilities		
Critical care area(s) other than operating room is / are set up in this Clinic (e.g. recovery area)	◉ Yes	○ No
Medical gas pipeline system is installed in this Clinic	◉ Yes	○ No

If click "Yes", need to submit PHF 212 and relevant documents

Clinic Licence Application
Section III

Start a Clinic Licence Application – Section III



Start a Clinic Licence Application – Section III

Applicant applying licences for **2 or more clinics** can copy applicant information from previous applications made under the **SAME** e-licensing account

a. Type of Applicant:

- ○ 1. Sole Proprietor
- ○ 2. Partnership
- ○ 3. Company / Organisation

Choose ONE applicant type

The applicant cannot be changed after submission

Start a Clinic Licence Application – Section III

If you choose "1. Sole Proprietor"

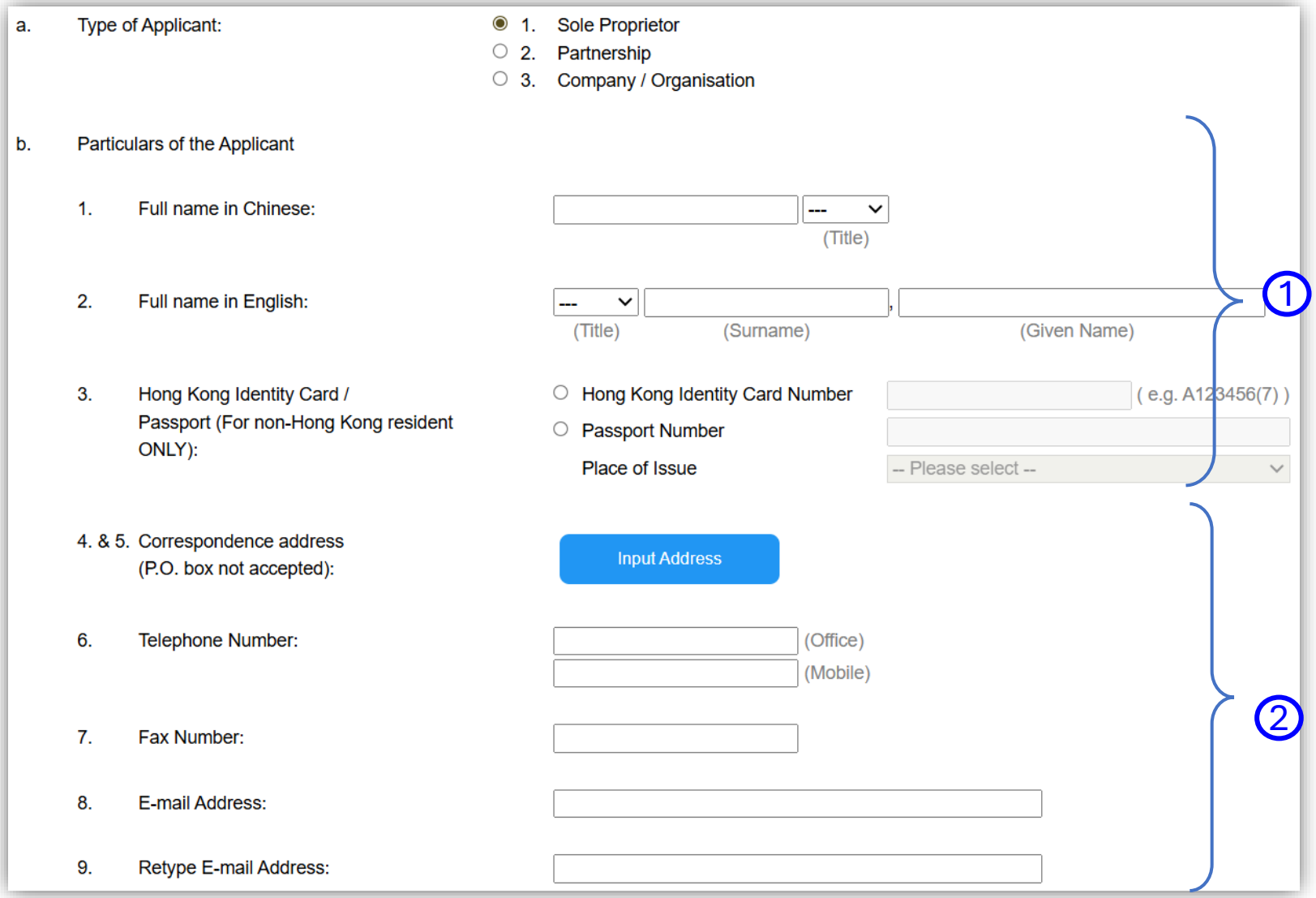
Copy applicant information from previous applications

a. Type of Applicant:

- ○ 1. Sole Proprietor
- ○ 2. Partnership
- ○ 3. Company / Organisation

Start a Clinic Licence Application – Section III

(Sole Proprietor)



Clinic operated by a Sole Proprietor

① **Input sole proprietor's identity information**

The applicant cannot be changed after submission.

② **Input sole proprietor's contact information**

For matters related to the licence application and the clinic licence afterwards

Start a Clinic Licence Application – Section III

(Sole Proprietor)

Clinic operated by a Sole Proprietor

Indicate if the applicant is a fit and proper person

See PHF(E)81A for details

Do the following statements correctly describe the applicant?

a.	I/We **have not** been convicted in Hong Kong or elsewhere of any criminal offence with a sentence to imprisonment (whether suspended or not) in the past 5 years.	○ Yes ○ No
b.	I/We have **no** history of imprisonment in Hong Kong or elsewhere in the past 3 years.	○ Yes ○ No
c.	I am/We are **not** currently on non-custodial sentence e.g. probation order or community service order.	○ Yes ○ No
d.	I/We **have not** been convicted of any offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 5 years.	○ Yes ○ No
e.	I/We **have not** been convicted of any offence under the Ordinance with a fine at level 6 or above in the past 3 years.	○ Yes ○ No
f.	I/We **have not** become bankrupt or made a voluntary arrangement with the individual's creditors within the meaning of the Bankruptcy Ordinance (Cap. 6).	○ Yes ○ No
g.	In the past 5 years, I was/we were **neither** a licensee (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) **nor** a chief medical executive of any private healthcare facility.	○ Yes ○ No
h.	In the past 5 years, the private healthcare facilities during which I was/we were the licensee(s) (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) or the chief medical executive(s), have **neither** had their licence suspended **nor** cancelled by the Director of Health.	○ Yes ○ No

Remark: The matter should be reported even it is under appeal.

SCAN ME

Guidance Notes for Assessing Fitness and Properness of Applicants / Chief Medical Executives for Licence Application

Start a Clinic Licence Application – Section III

(Sole Proprietor)

Clinic operated by a Sole Proprietor
Indicate if the applicant is a fit and proper person
See PHF(E)81A for details

Click "Yes"

g. In the past 5 years, I was/we were **neither** a licensee (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) **nor** a chief medical executive of any private healthcare facility.

○ Yes ○ No

If **the applicant was NOT**:
- **a licensee**
  - as a sole proprietor
  - as a partner of a partnership
  - as a director of a company
  - as a director/officer/member of a body corporate other than a company
  - as an office-bearer of a society
- **a chief medical executive**

of any licensed private healthcare facility in the past 5 years.

Start a Clinic Licence Application – Section III

If you choose "1. Partnership"

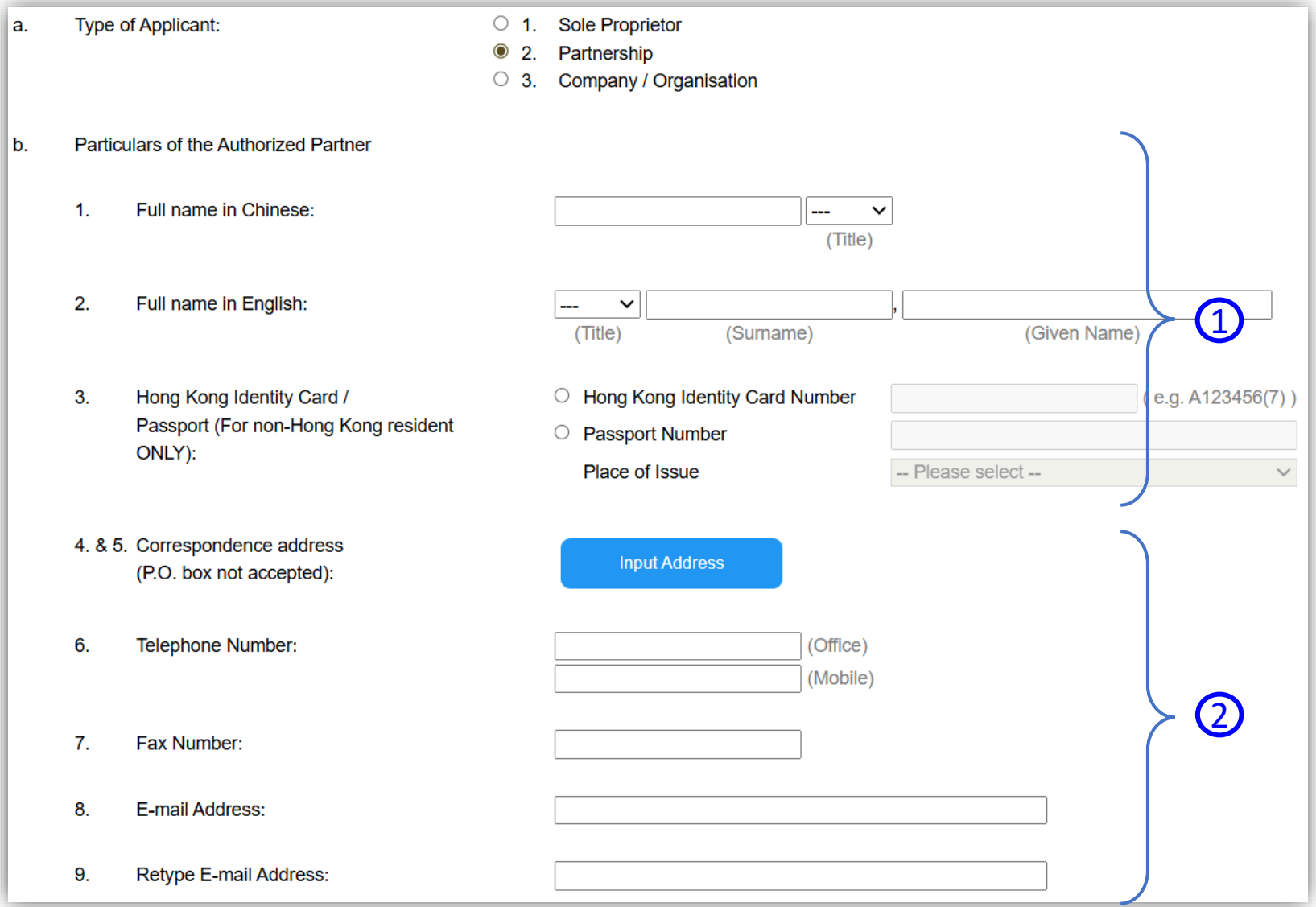
Copy applicant information from previous applications

a. Type of Applicant:

- ○ 1. Sole Proprietor
- ○ 2. Partnership
- ○ 3. Company / Organisation

Start a Clinic Licence Application – Section III

(Partnership)



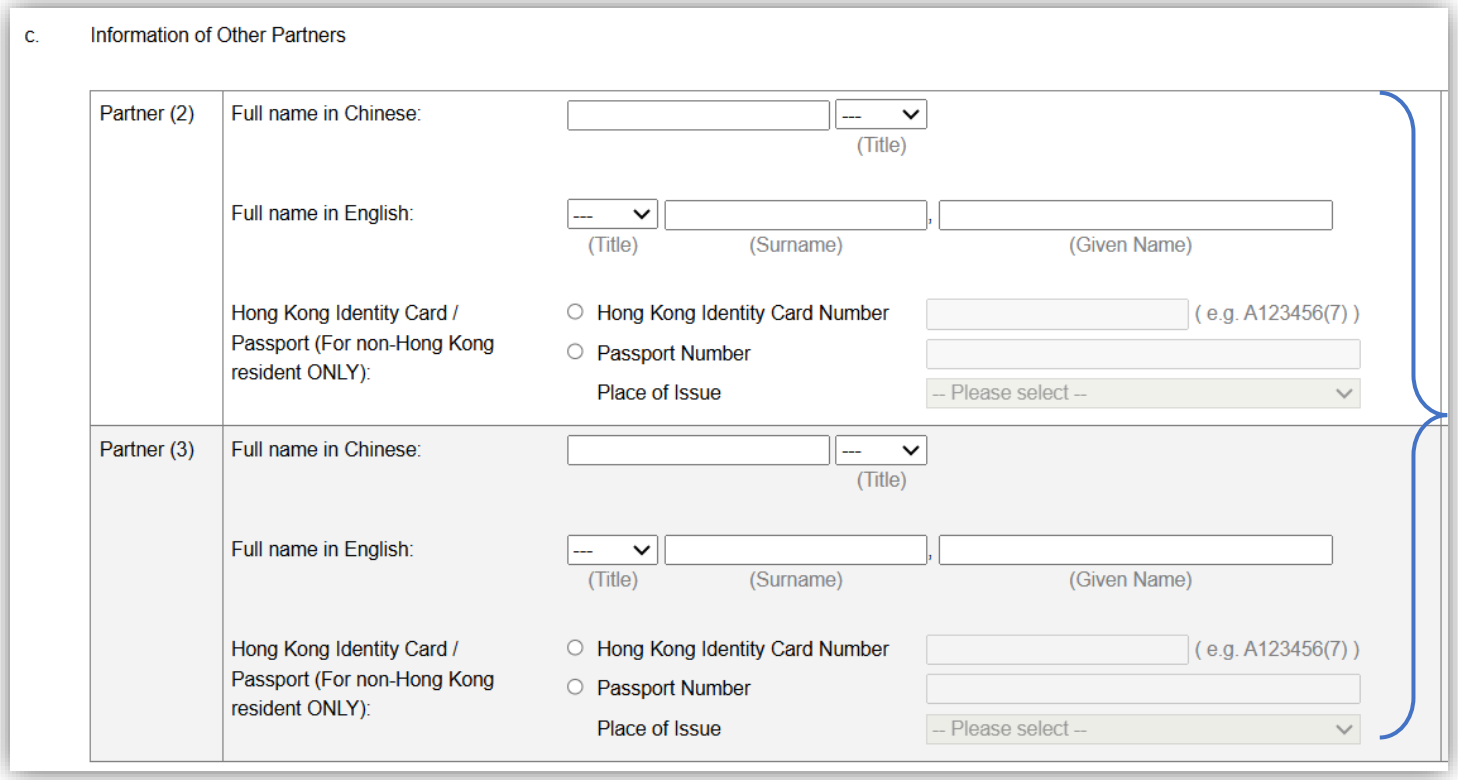
Clinic operated by Partnership

① **Input authorized partner's identity information**
The list of partners cannot be changed after submission.

② **Input authorized partner's contact information**
For matters related to the licence application and the clinic licence afterwards

Start a Clinic Licence Application – Section III

(Partnership)



①

Clinic operated by Partnership

① **Input identity information of other partner(s)**

The list of partners cannot be changed after submission.

Start a Clinic Licence Application – Section III

(Partnership)

Clinic operated by Partnership
Indicate if ALL partners are fit and proper persons
See PHF(E)81A for details

Do the following statements correctly describe the applicant?

a.	I/We **have not** been convicted in Hong Kong or elsewhere of any criminal offence with a sentence to imprisonment (whether suspended or not) in the past 5 years.	○ Yes ○ No
b.	I/We have **no** history of imprisonment in Hong Kong or elsewhere in the past 3 years.	○ Yes ○ No
c.	I am/We are **not** currently on non-custodial sentence e.g. probation order or community service order.	○ Yes ○ No
d.	I/We **have not** been convicted of any offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 5 years.	○ Yes ○ No
e.	I/We **have not** been convicted of any offence under the Ordinance with a fine at level 6 or above in the past 3 years.	○ Yes ○ No
f.	I/We **have not** become bankrupt or made a voluntary arrangement with the individual's creditors within the meaning of the Bankruptcy Ordinance (Cap. 6).	○ Yes ○ No
g.	In the past 5 years, I was/we were **neither** a licensee (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) **nor** a chief medical executive of any private healthcare facility.	○ Yes ○ No
h.	In the past 5 years, the private healthcare facilities during which I was/we were the licensee(s) (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) or the chief medical executive(s), have **neither** had their licence suspended **nor** cancelled by the Director of Health.	○ Yes ○ No

Remark: The matter should be reported even it is under appeal.

Start a Clinic Licence Application – Section III

(Partnership)

Clinic operated by Partnership
Indicate if ALL partners are fit and proper persons
See PHF(E)81A for details

Click "Yes"

g. In the past 5 years, I was/we were **neither** a licensee (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) **nor** a chief medical executive of any private healthcare facility.

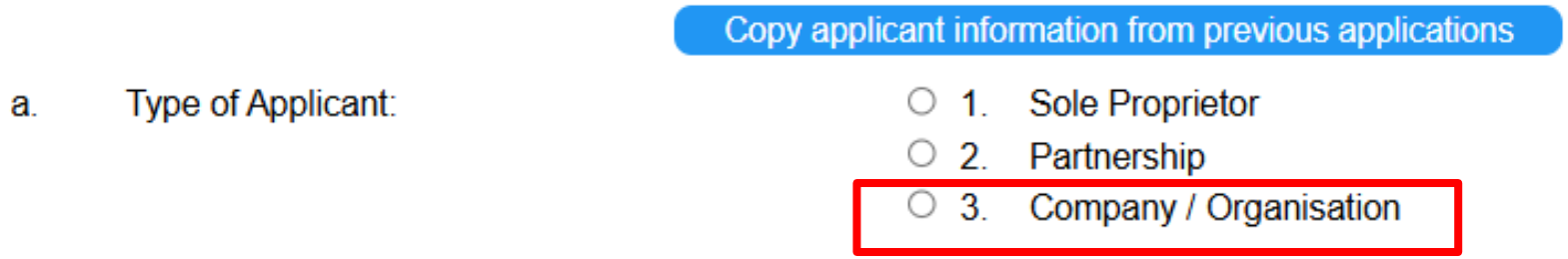
○ Yes ○ No

If **ALL partners were NOT**:
- **a licensee**
  - as a sole proprietor
  - as a partner of a partnership
  - as a director of a company
  - as a director/officer/member of a body corporate other than a company
  - as an office-bearer of a society
- **a chief medical executive**

of any licensed private healthcare facility in the past 5 years.

Start a Clinic Licence Application – Section III

If you choose "3. Company / Organization"

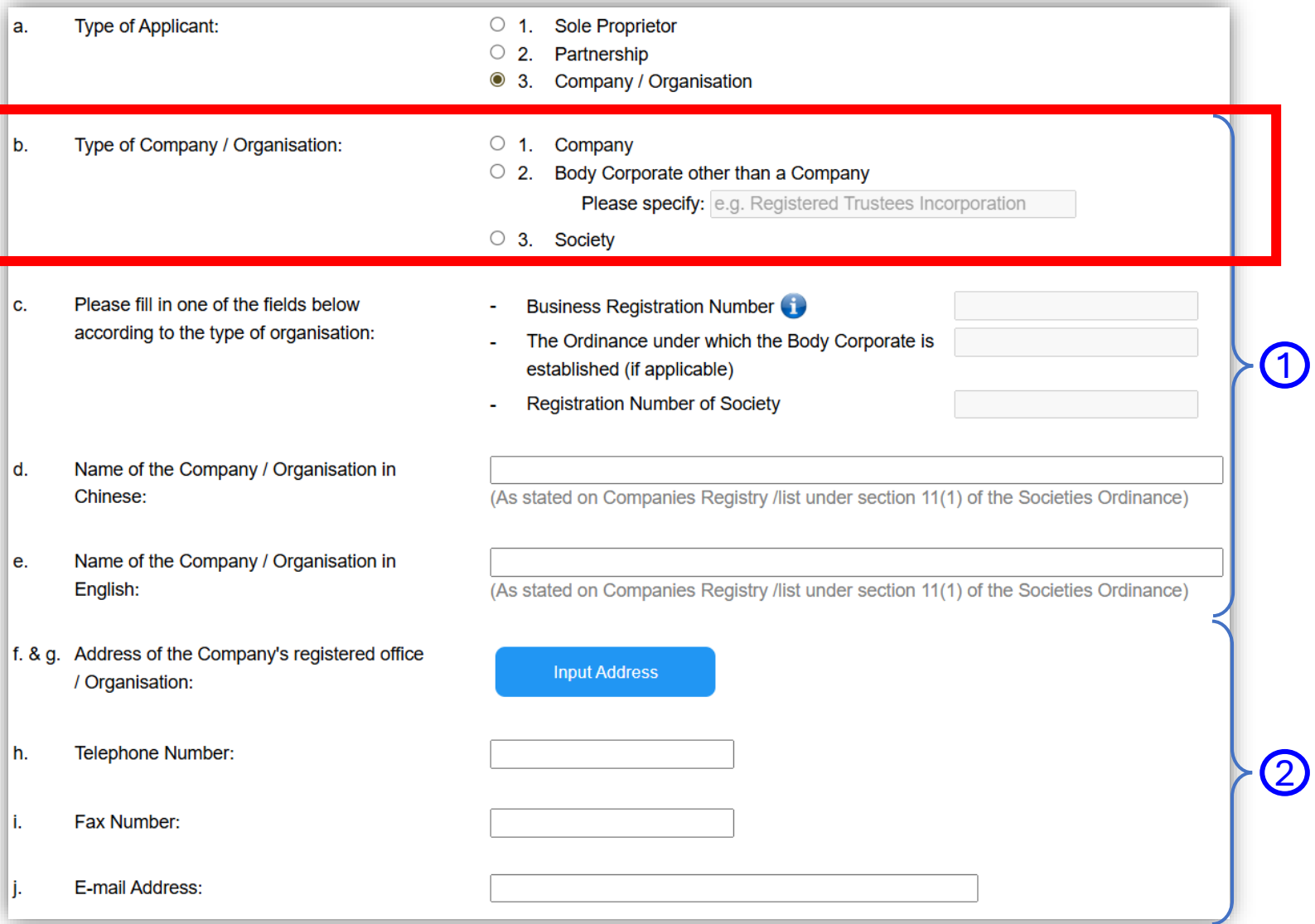


Applicant being a Company / Organisation

- ☐ **Company**
  e.g. private company limited by shares
- ☐ **Body Corporate OTHER than a company**
  e.g. Registered Trustees Incorporation,
  Body Corporate formed by Special Ordinance
- ☐ **Society**

Start a Clinic Licence Application – Section III

(Company / Organisation)



Clinic operated by Company / Organisation

① **Input company / organisation information**

- ☐ **Company**
  As stated at the Company Registry
- ☐ **Body Corporate other than a Company**
  As stated at the Company Registry
- ☐ **Society**
  As listed at the Societies Office

The company / organization and its type cannot be changed after submission. Please check clearly at Company Registry or Societies Office.

② **Input company / organisation contact information**

For matters related to the licence application and the clinic licence afterwards

Start a Clinic Licence Application – Section III

(Company / Organisation)

k. Particulars of the Authorized Representative of the Applicant

1. Full name in Chinese: [ ] [---] (Title)

2. Full name in English: [---] (Title) [ ] (Surname), [ ] (Given Name)

3. Position in the Company / Organisation: [ ]

4. Hong Kong Identity Card / Passport (For non-Hong Kong resident ONLY):
   - (●) Hong Kong Identity Card Number [ ] (e.g. A123456(7))
   - ( ) Passport Number [ ]
   - Place of Issue [-- Please select --]

5. Telephone Number: [ ] (Office) [ ] (Mobile)

6. E-mail Address: [ ]

7. Retype E-mail Address: [ ]

①

Clinic operated by
Company / Organisation

① **Input authorized representative of the company / organisation**
Contact person for matters related to the licence application and the clinic licence afterwards

Provide supporting document:
Authorization Letter (Annex of PHF(E)32A)
Original copy with signature should be **submitted by post**

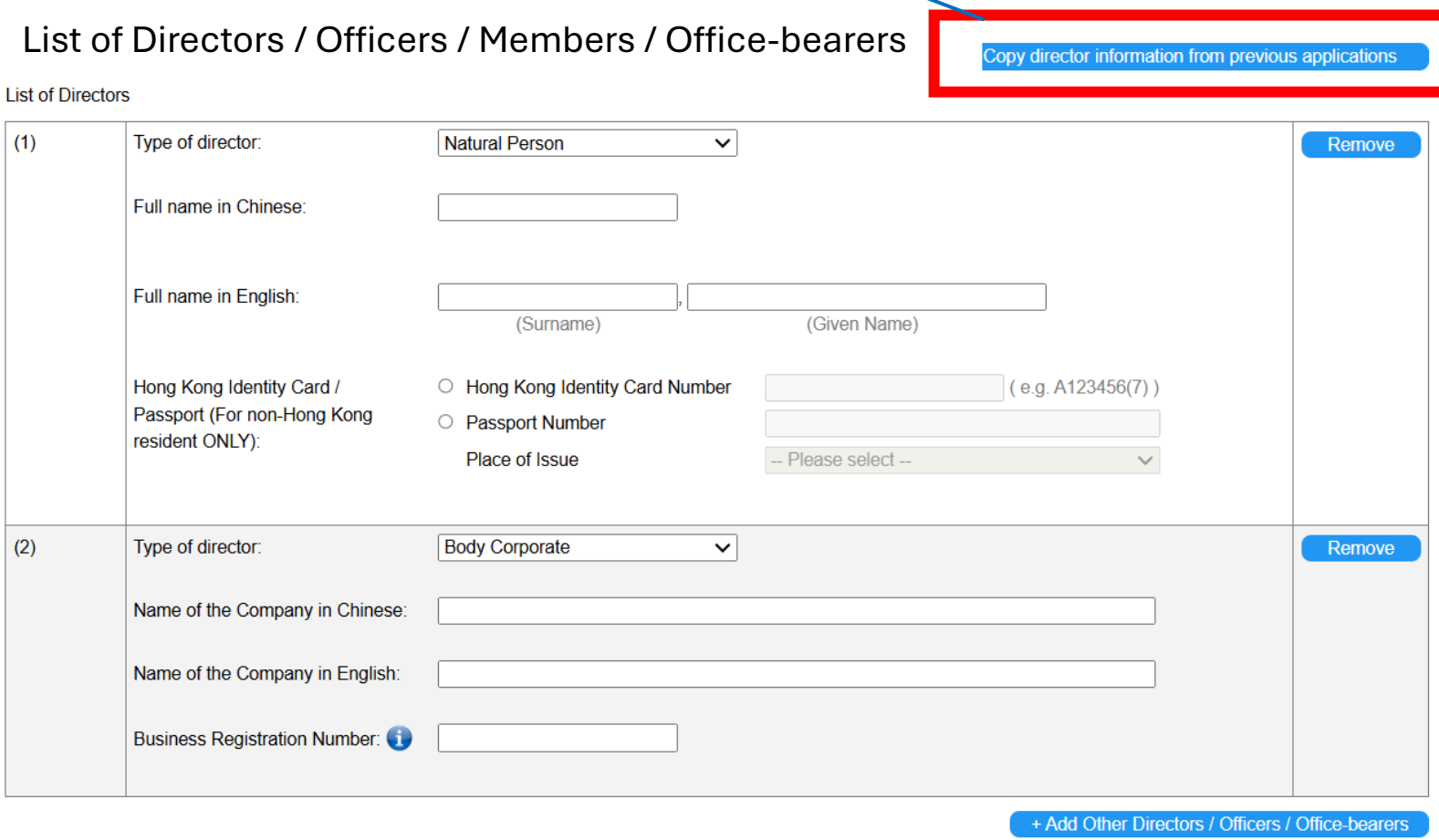
https://www.orphf.gov.hk/files/forms/PHF(E)_32A_Guidance_Notes_for_Clinic_Licence.pdf

SCAN ME

Start a Clinic Licence Application – Section III

(Company / Organisation)

Applicant applying licences for **2 or more clinics** can copy director's/officer's information from previous applications made under the **SAME** e-licensing account



Clinic operated by

Company / Organisation

Input the list of directors / officers / members / office-bearers

- ☐ **Company**
  List of directors recorded at Company Registry
- ☐ **Body Corporate other than a Company**
  List of directors and members or officers of the body concerned in the management of the body as recorded at Company Registry
- ☐ **Society**
  List of office-bearers recorded at Societies Office

Start a Clinic Licence Application – Section III

(Company / Organization)

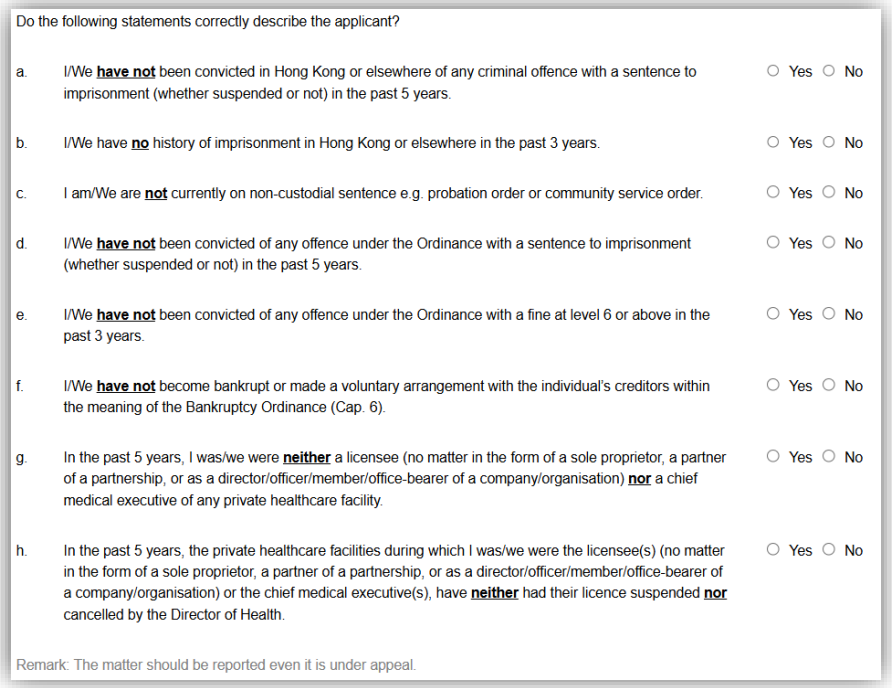
Clinic operated by Company / Organisation

Indicate if:

- **The applicant**
- **Directors/officers/members/office-bearers of the company / organisation**

are fit and proper persons

See PHF(E)81A for details



Do the following statements correctly describe the applicant?

a.	I/We **have not** been convicted in Hong Kong or elsewhere of any criminal offence with a sentence to imprisonment (whether suspended or not) in the past 5 years.	○ Yes ○ No
b.	I/We have **no** history of imprisonment in Hong Kong or elsewhere in the past 3 years.	○ Yes ○ No
c.	I am/We are **not** currently on non-custodial sentence e.g. probation order or community service order.	○ Yes ○ No
d.	I/We **have not** been convicted of any offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 5 years.	○ Yes ○ No
e.	I/We **have not** been convicted of any offence under the Ordinance with a fine at level 6 or above in the past 3 years.	○ Yes ○ No
f.	I/We **have not** become bankrupt or made a voluntary arrangement with the individual's creditors within the meaning of the Bankruptcy Ordinance (Cap. 6).	○ Yes ○ No
g.	In the past 5 years, I was/we were **neither** a licensee (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) **nor** a chief medical executive of any private healthcare facility.	○ Yes ○ No
h.	In the past 5 years, the private healthcare facilities during which I was/we were the licensee(s) (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) or the chief medical executive(s), have **neither** had their licence suspended **nor** cancelled by the Director of Health.	○ Yes ○ No

Remark: The matter should be reported even it is under appeal.

Start a Clinic Licence Application – Section III

(Company / Organization)

Clinic operated by Company / Organisation

Indicate if:

- **The applicant**
- **Directors/officers/members/office-bearers of the company / organisation**

are fit and proper persons

See PHF(E)81A for details

Click "Yes"

g. In the past 5 years, I was/we were **neither** a licensee (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) **nor** a chief medical executive of any private healthcare facility.

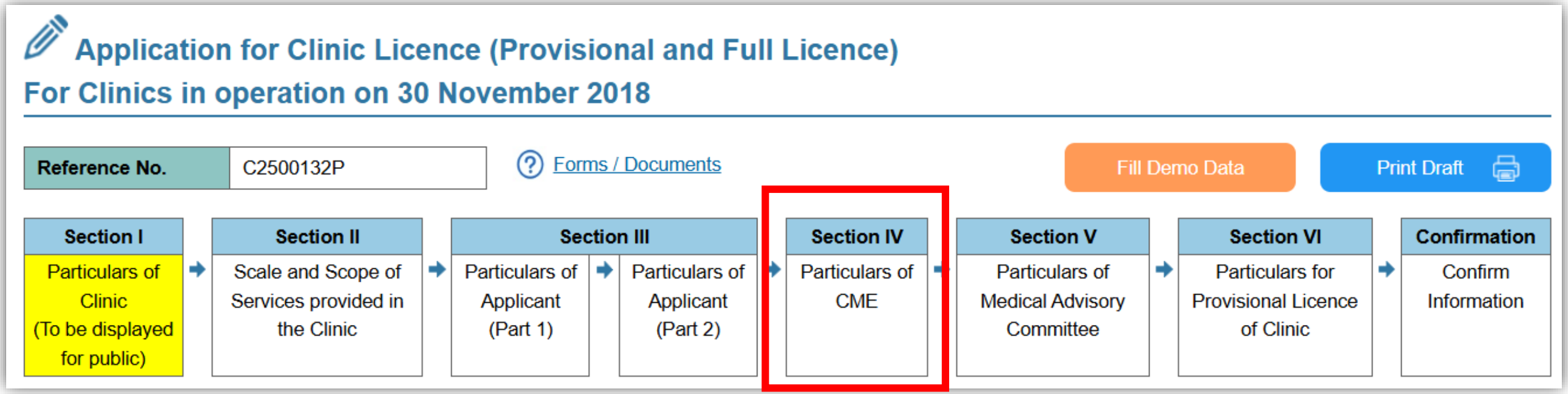
○ Yes ○ No

If **ALL** of the following apply:

- Applicant (i.e. Company / Organisation)
- All Directors / Officers / Members / Office-bearers listed in Section III(B) of this application form were **NOT a Licensee or Chief Medical Executive** of any licensed private healthcare facility **in the past 5 years**.

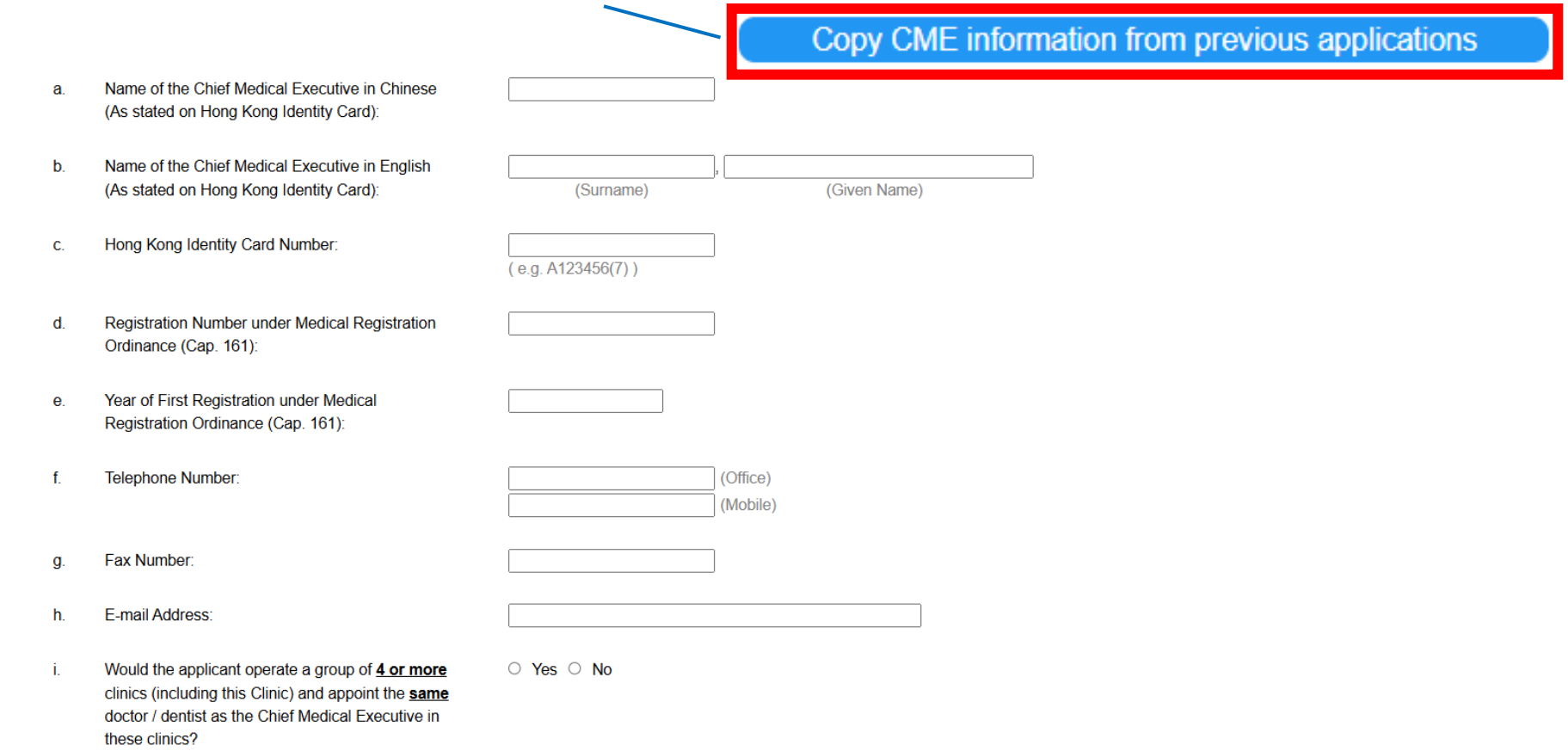
Clinic Licence Application
Section IV

Start a Clinic Licence Application – Section IV



Start a Clinic Licence Application – Section IV

Applicant applying licences for **2 or more clinics with the SAME CME** can copy CME information from previous applications made under the **SAME** e-licensing account



Start a Clinic Licence Application – Section IV

- **CME by type of practice**
  Medical / Combined Practice:
  CME is a registered medical practitioner in Hong Kong (HK) for not less than 4 years
  Dental Practice ONLY:
  CME is a registered dentist in HK for not less than 4 years

- **CME for Clinic Group (i.e. ≥4 clinics) operated by the SAME licensee**
  CME is a registered medical practitioner / registered dentist in HK for not less than 8 years.

A CME must **NOT** serve at the same time as the CME of, including this clinic, -
(i) a hospital;
(ii) more than 2 day procedure centres;
(iii) more than 1 day procedure centre and 1 clinic;
(iv) more than 3 clinics; or
(v) 4 or more clinics operated by the same licensee without a Medical Advisory Committee.

i. Would the applicant operate a group of **4 or more** clinics (including this Clinic) and appoint the **same** doctor / dentist as the Chief Medical Executive in these clinics?

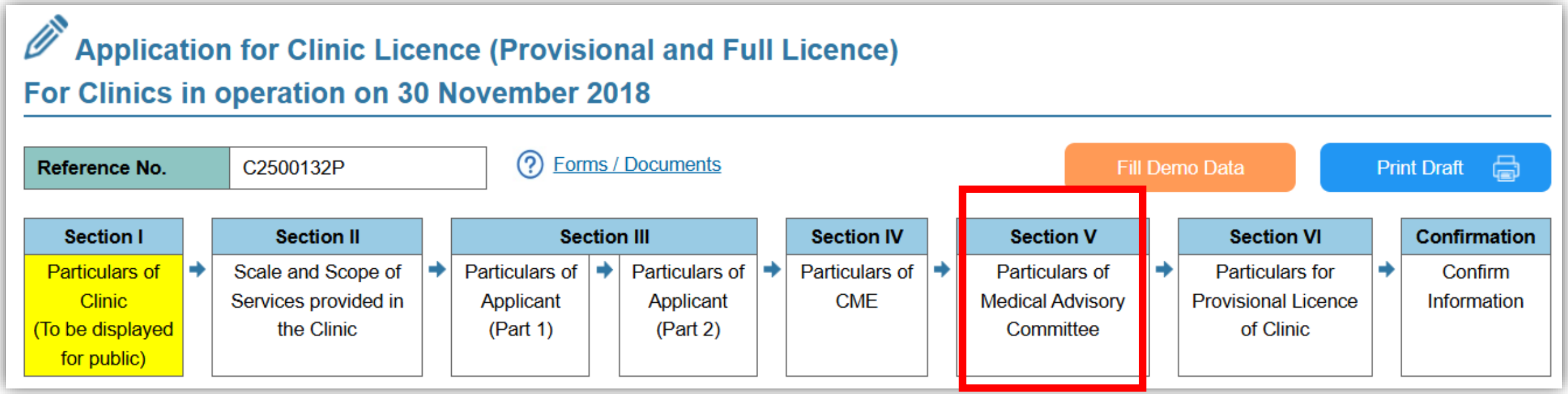
○ Yes ○ No

Fill in Section V

Clinic Licence Application
Section V

Start a Clinic Licence Application – Section V

(If applicable)



Start a Clinic Licence Application – Section V

(If applicable)

Applicant can copy MAC information from previous applications made under the **SAME** e-licensing account

Clinics under current licensee and CME | Copy MAC information from previous applications

Members of Medical Advisory Committee

		New	
1	Designation	Chairperson	
	Name	(Title) --- (Eng) Surname , Given Name (Chi) Chinese Name	
	Registration number of Medical Practitioner or Dentist (if applicable)		
	Specialty (if applicable)	---	
	Is employed by or practising in any of the clinics operated by the applicant and the CME appointed	○ Yes ○ No	
2	Designation		
	Name	(Title) ---	

Start a Clinic Licence Application – Section V

(If applicable)

Clinic group (i.e. ≥ 4 clinics) operated by the SAME licensee and CME

Licensee must establish a MAC and keep in operation

- **Chairperson of MAC**

  Medical / Combined Practice: Chairperson is a registered medical practitioner in HK

  Dental Practice ONLY: Chairperson is a registered dentist in HK

Members of Medical Advisory Committee

		New
1	Designation	Chairperson
	Name	(Title) ---
		(Eng) Surname , Given Name
		(Chi) Chinese Name
	Registration number of Medical Practitioner or Dentist (if applicable)	
	Specialty (if applicable)	---
	Is employed by or practising in any of the clinics operated by the applicant and the CME appointed	○ Yes ○ No

Start a Clinic Licence Application – Section V

(If applicable)

Clinic group (i.e. ≥ 4 clinics) operated by the SAME licensee and CME

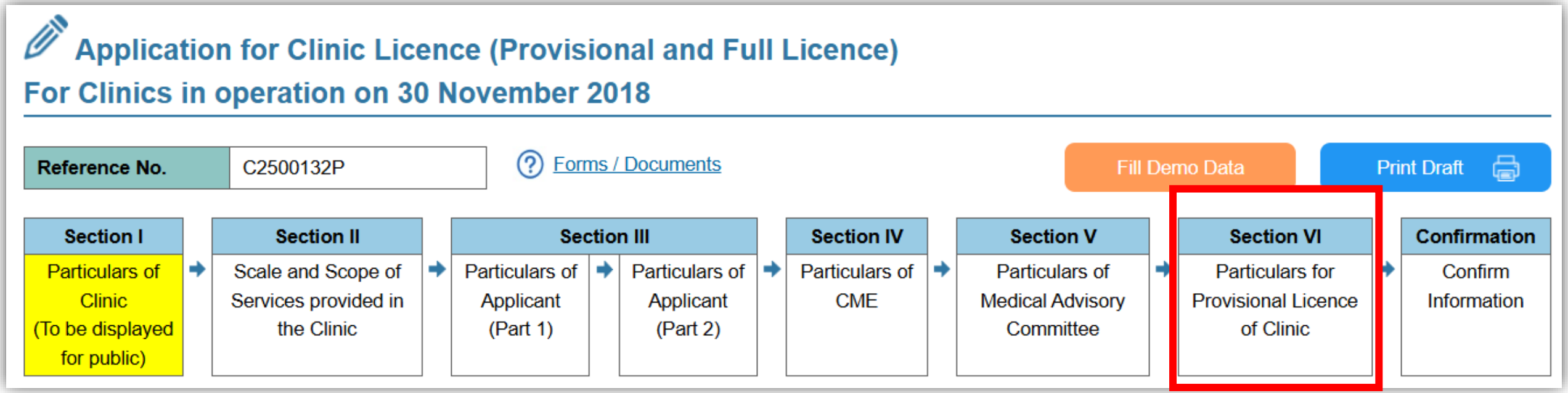
Licensee must establish a MAC and keep in operation

- **MAC member composition**
  - **At least half of the members (excluding chairperson) MUST be registered medical practitioners or registered dentists**
  - **At least 1 registered medical practitioner who is NOT employed by, or practicing in any of the clinics in the clinic group**

Clinic Licence Application
Section VI

Start a Clinic Licence Application – Section VI

(If applicable)



Start a Clinic Licence Application – Section VI

(If applicable)

Application for
"Provisional + Full Licence"

d. The applicant possesses the following relevant documents to show that the applicant has been operating this Clinic, within the meaning of the Ordinance, at the Premises since 30 November 2018.
(1) Proof of address on or before 30 November 2018
e.g. Photocopy of the Business Registration Certificate, bills issued by the utility companies (water, electricity, towngas)
(2) Proof of providing clinic services issued **no more than 1 year prior to 30 November 2018**
e.g. Record of procurement or maintenance of drugs and medical equipment, licence issued under the Radiation Ordinance (Cap. 303) for radioactive substances and irradiating apparatus

- ○ Yes - **both** (1) Address proof & (2) Service proof are available
- ○ No - applicant will declare by an oath

Supporting document for clinic already in operation since 30 Nov 2018
- Address and service proofs

Start a Clinic Licence Application – Section VI

(If applicable)

Application for
"Provisional + Full Licence"

d. The applicant possesses the following relevant documents to show that the applicant has been operating this Clinic, within the meaning of the Ordinance, at the Premises since 30 November 2018.
(1) Proof of address on or before 30 November 2018
e.g. Photocopy of the Business Registration Certificate, bills issued by the utility companies (water, electricity, towngas)
(2) Proof of providing clinic services issued **no more than 1 year prior to 30 November 2018**
e.g. Record of procurement or maintenance of drugs and medical equipment, licence issued under the Radiation Ordinance (Cap. 303) for radioactive substances and irradiating apparatus

○ Yes - both (1) Address proof & (2) Service proof are available
○ No - applicant will declare by an oath

If no supporting document for clinic already in operation since 30 Nov 2018, you need to go to DH for a Statutory declaration

Start a Clinic Licence Application – Section VI

(If applicable)

Application for
"Provisional + Full Licence"

e. The entrance of this Clinic, that is shared with other premises, complies with **all** the conditions enlisted in section 138 of the Ordinance stated below:

○ Yes ○ No Click "No"

(1) This Clinic has a private entrance that is shared with premises (**shared entrance**) that serve a purpose that is not reasonably incidental to the clinic (**other premises**).
(2) To access this Clinic, it is necessary to pass from the shared entrance through part of the other premises (**passage area**).
(3) The other premises are also managed or controlled by the applicant.
(4) Any notice or sign of this Clinic is displayed only at, or in the immediate vicinity of, the direct entrance to this Clinic.
(5) The passage area is not designated for a purpose other than passage or waiting (for example, it is not designated as a changing room).
(6) There is nothing in the passage area that blocks access to this Clinic.
(7) Access to the other premises does not involve passing through this Clinic.

This Clinic has a direct and separate entrance **not** shared with, or involving passing through other premises.

Clinic Licence Application
Confirm information

Start a Clinic Licence Application – Confirmation

Section I	Section II	Section III			Section IV	Section V	Section VI	Confirmation
Particulars of Clinic (To be displayed for public)	Scale and Scope of Services provided in the Clinic	Particulars of Applicant (Part 1)	Particulars of Applicant (Part 2)	Particulars of Applicant (Part 3)	Particulars of CME	Particulars of Medical Advisory Committee	Particulars for Provisional Licence of Clinic	Confirm Information

Important Notices

The information you have input are now displayed below for confirmation. The information cannot be amended online once it is confirmed. Any subsequent amendment must be submitted through written request.

Section I - Particulars of Clinic (To be displayed for public)

a.	Name of the Clinic in Chinese:	示範健康診所
b.	Name of the Clinic in English:	Demo Healthy Clinic
c.	Address of the Clinic in Chinese:	香港灣仔區愛群道32號愛群商業大廈6樓601-603室
d.	Address of the Clinic in English:	RM 601-603, 6/F, GUARDIAN HOUSE, 32 OI KWAN ROAD, WAN CHAI DISTRICT, HONG KONG
e.	Telephone Number of the Clinic:	31078451 (Telephone Number 1)
		(Not provided) (Telephone Number 2)
f.	Fax Number of the Clinic:	21267515
g.	E-mail Address of the Clinic:	orphf@dh.gov.hk
h.	Website of the Clinic:	www.orphf.gov.hk
i.	Type(s) of practice of the Clinic:	Medical Practice
		Dental Practice

Section II - Scale and Scope of Services provided in the Clinic

a. Scale of Services provided in the Clinic:

Room type	Number
Operating room	1

☑ I have checked with the above information and understand that it cannot be amended once confirmed on this page.

Back

Confirm Information

Start a Clinic Licence Application –
Upload Supporting Documents & Sign by iAM Smart+

Application for Clinic Licence (Provisional and Full Licence) - New Application

Reference No.	C2500356P
Application Type	Clinic Licence (Provisional and Full Licence) - New Application
Estimated Application Fee	HK$ 10,900
Application Status	**Pending Submission**

Forms / Documents

Your application has NOT been completed yet. Please prepare the documents below and submit the Declaration of Health through (i) electronic or (ii) paper channel.

#	Checklist of Documents	Submission Channel	
		Electronic	Paper
1	Application Form for Clinic Licence PHF 32	Sign and Submit via "iAM Smart+" ④	Print and Sign
2	Declaration by the Chief Medical Executive of the clinic PHF 34	Sign and Submit via "iAM Smart+"	Print and Sign
3	Documentation substantiating authorization in respect of the authorized representative to represent the applicant in the application for licence ③	Upload	
4	Layout plan of the clinic premises (drawn to the scale and format as specified in the Guidance note PHF(E) 32A)	Upload	
5	Report for Application for Clinic Licence PHF 35 ①	Upload	
6	Proof of address on or before 30 November 2018 e.g. Photocopy of the Business Registration Certificate, bills issued by the utility companies (water, electricity, towngas)	Upload	
7	Proof of providing clinic services issued no more than 1 year prior to 30 November 2018 e.g. Record of procurement or maintenance of drugs and medical equipment, licence issued under the Radiation Ordinance (Cap. 303) for radioactive substances and irradiating apparatus	Upload	
8	Checklist of documents of healthcare engineering systems and summary of healthcare engineering standard(s) / code(s) PHF 212# ②	Upload	
9	Schematic diagram(s) of the electrical installations#	Upload	

① **Download and complete Report for Application for Clinic Licence (PHF 35)**

② **For clinics with specific healthcare engineering systems**
Download and complete PHF 212

③ **Upload supporting documents to e-Licensing**

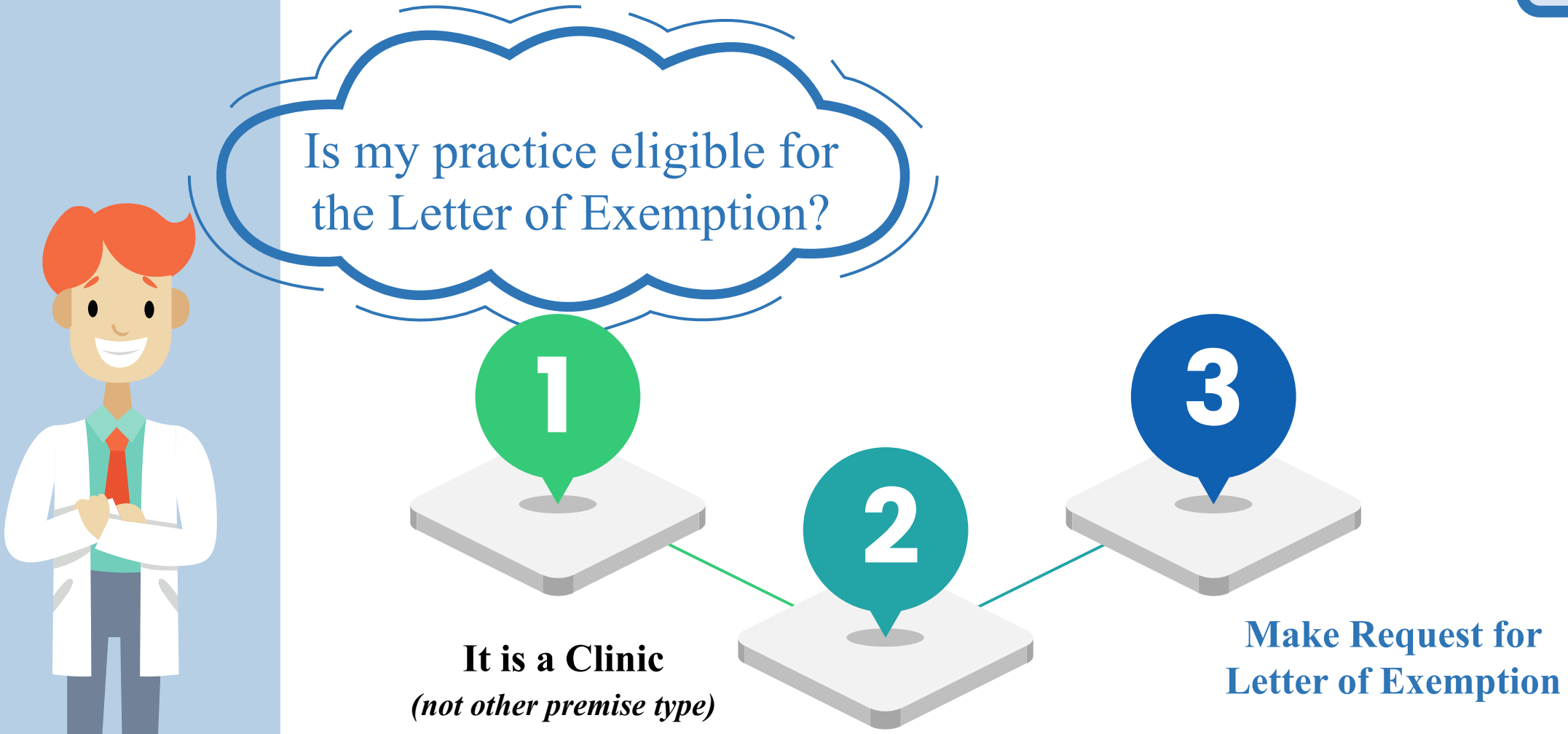
(For Company/Organisation, **original copy of Authorization Letter** with signature should be **submitted by post)**

④ **For iAM Smart user**
View the completed form and declarations (Section VII) & Sign the forms using iAM Smart+

Request Letter of Exemption

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption



Criteria for exemption of SPC

For company, the name of the directors should be the same as the directors in the record of Company Registry

	Clinic operated under a sole proprietorship	Clinic operated under a partnership / company
Number of medical practitioners or dentists	Operated by a **registered medical practitioner or registered dentist** 	The partnership / company **having not more than 5 partners / directors** **All** partners / directors must be **registered medial practitioners or registered dentists** 
	No medical practitioners or dentists other than the operator(s) serve the clinic	
Right to use the premises	The sole proprietor has the exclusive right to use the premises	At least one partner / director of the partnership/ company has the exclusive right to use the premises
Locum arrangement	**Not exceeding 60 days** in a calendar year per operator 	The **aggregate** number of days **not exceeding 180 days** for all the partners or directors in a calendar year 

Operator(s): The sole proprietor, all partners in the partnership or all director(s) in the company operating the clinic.

Locum: a registered dentist who takes up the duties of a sole proprietor / director/ partner in the clinic because of that person's absence from the clinic

Requirements on Operators for an exemption

Letter of Exemption

- **Not inappropriate** to carry on the practice in the clinic without a licence
  - Refer to *Guidance Notes for Considering Inappropriateness for a Person to be Issued with a Letter of Exemption for Small Practice Clinic to Carry on Practice in a Clinic Without a Licence*
  - The criteria of the assessment include, but not limited to, contravention of or conviction of offences under the Private Healthcare Facilities Ordinance, professional competence, and business arrangement or financial status
- Each registered medical practitioner / registered dentist may request for exemption for **up to 3 SPCs** at the same time
  - The operator is required to apply for a licence for the 4th and each of the subsequent clinics

Making a request for Letter of Exemption
Preparation for electronic submission

Letter of Exemption

Clinic address proof

Electronic *copy* in pdf or .jpg format with the name of the clinic or the operator(s)

For examples:
- copy of a valid Business Registration Certificate
- bills or invoices issued by utility companies (i.e. water, electricity or towngas suppliers) within the last 3 months

E-mail address(es)

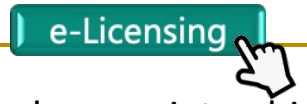
Prepare e-mail addresses to fill in the request form:
- Correspondence information of the sole proprietor / partnership / company
- Contact information of the clinic, if available

Appoint authorized partner / director

Partnership / company only

- For representing the partnership / company to communicate with the DH on matters related to the SPC
- For holding the e-Licensing account

e-Licensing account



- Use the e-mail address of the sole proprietorship / partnership / company to register an account
- If the SPC is operated by a partnership / company, the authorized partner / director should maintain the account. All operators should have access to information related to the clinic

"iAM Smart+"

- All operators need to have an "iAM Smart+" account in order to sign the form digitally

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Request for Letter of Exemption for Small Practice Clinic - New Request

1. Read these documents

Important Notices

- The following documents must be read before making a request:
  - i) PHF(E) 51A Guidance Notes on Request for Letter of Exemption Small Practice Clinics
  - ii) PHF(E) 52A Guidance Notes for Considering Inappropriateness for a Person to be Issued with a Letter of Exemption for Small Practice Clinic to Carry on Pratice in a Clinic Without a Licence
  - iii) Personal Information Collection Statement
- The Sole Proprietor, Authorized Partner or Authorized Director is advised to be the **e-Licensing account holder** for effective communication with the Department of Health. All partners/directors should also have access to the information related to this clinic.
- The request should be filled by one of the operators personally.
- All operators shall register and upgrade to "iAM Smart +" for digital signing of request form personally.
- Submission of this request must be accompanied by all applicable documents. Otherwise, the Department of Health ("DH") may be unable to process this request.
- Request is hereby made for the Director of Health to issue a letter of exemption under section 42 of the Private Healthcare Facilities Ordinance (Cap. 633) ("the Ordinance").
- Any person who furnishes in this request any statement of information that is false or misleading in a material particular may commit an offence.

Declaration

2. Tick this box ☑ **have read and understood the above notices.**

Back

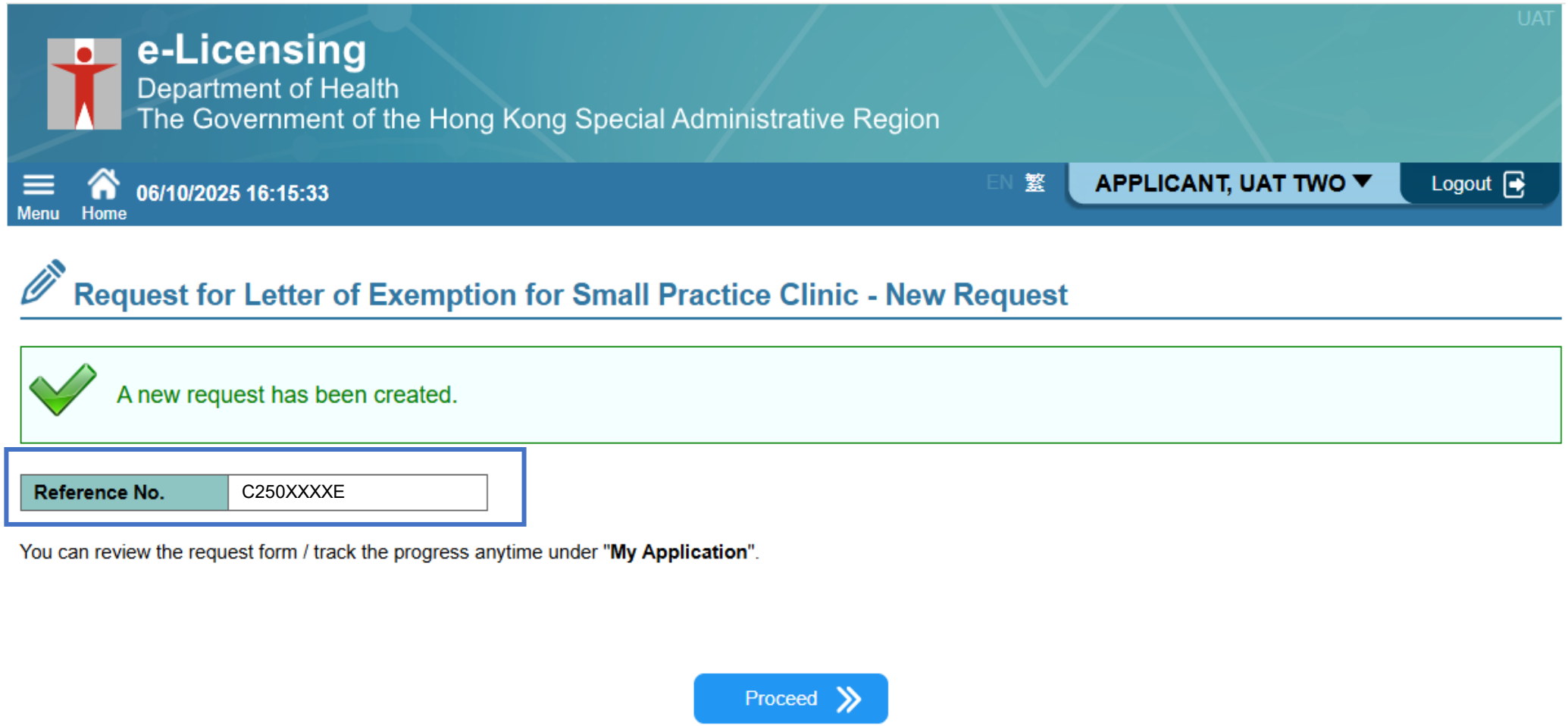
3. Click 'Proceed' Proceed

SCAN ME

Guidance Notes on Request for Letter of Exemption for Small Practice Clinics

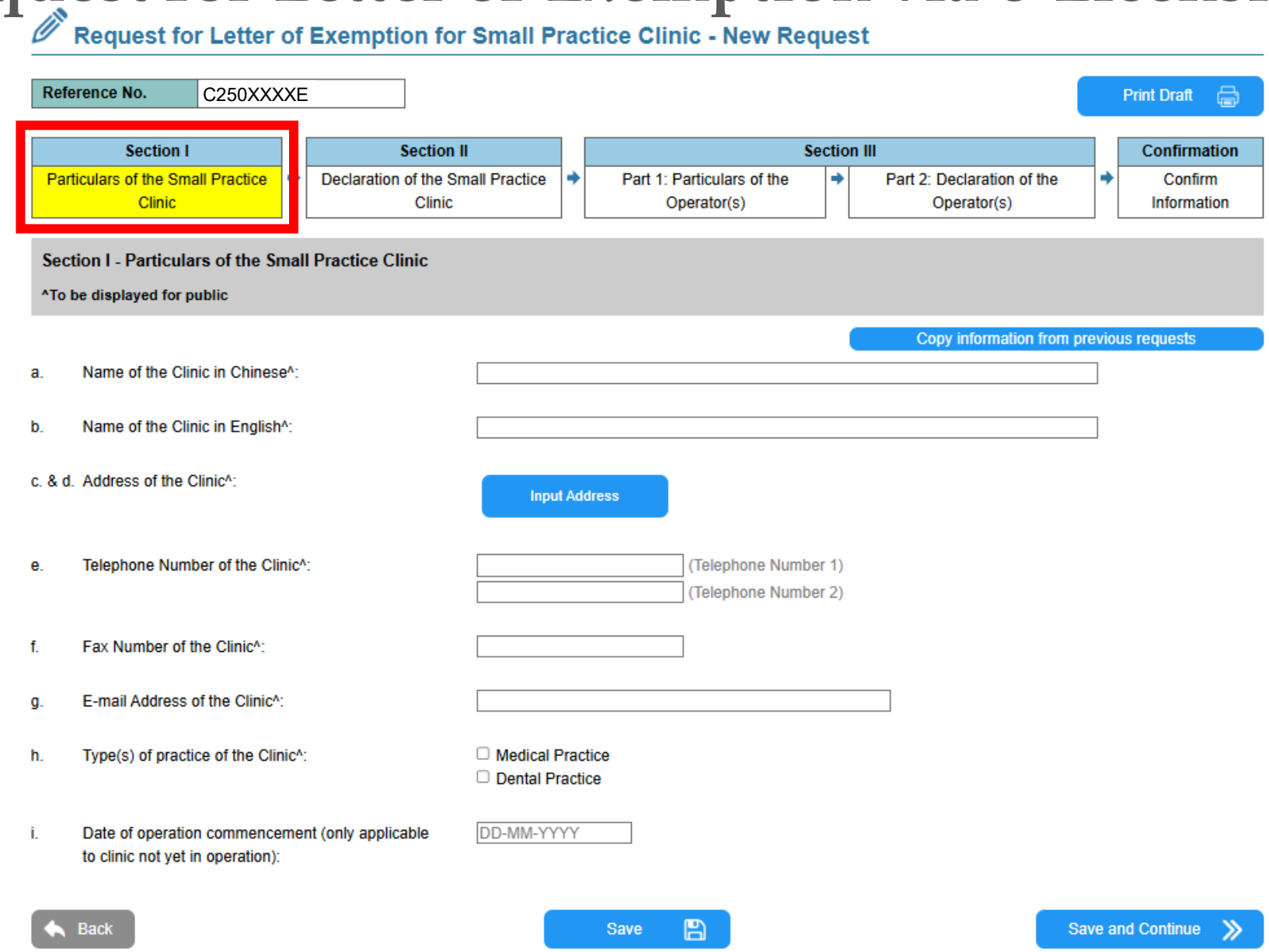
Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption



Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption



Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Request for Letter of Exemption for Small Practice Clinic - New Request

Reference No.	C250XXXXE

Print Draft

Section I	Section II	Section III		Confirmation
Particulars of the Small Practice Clinic	Declaration of the Small Practice Clinic	Part 1: Particulars of the Operator(s)	Part 2: Declaration of the Operator(s)	Confirm Information

Section II - Declaration of the Small Practice Clinic

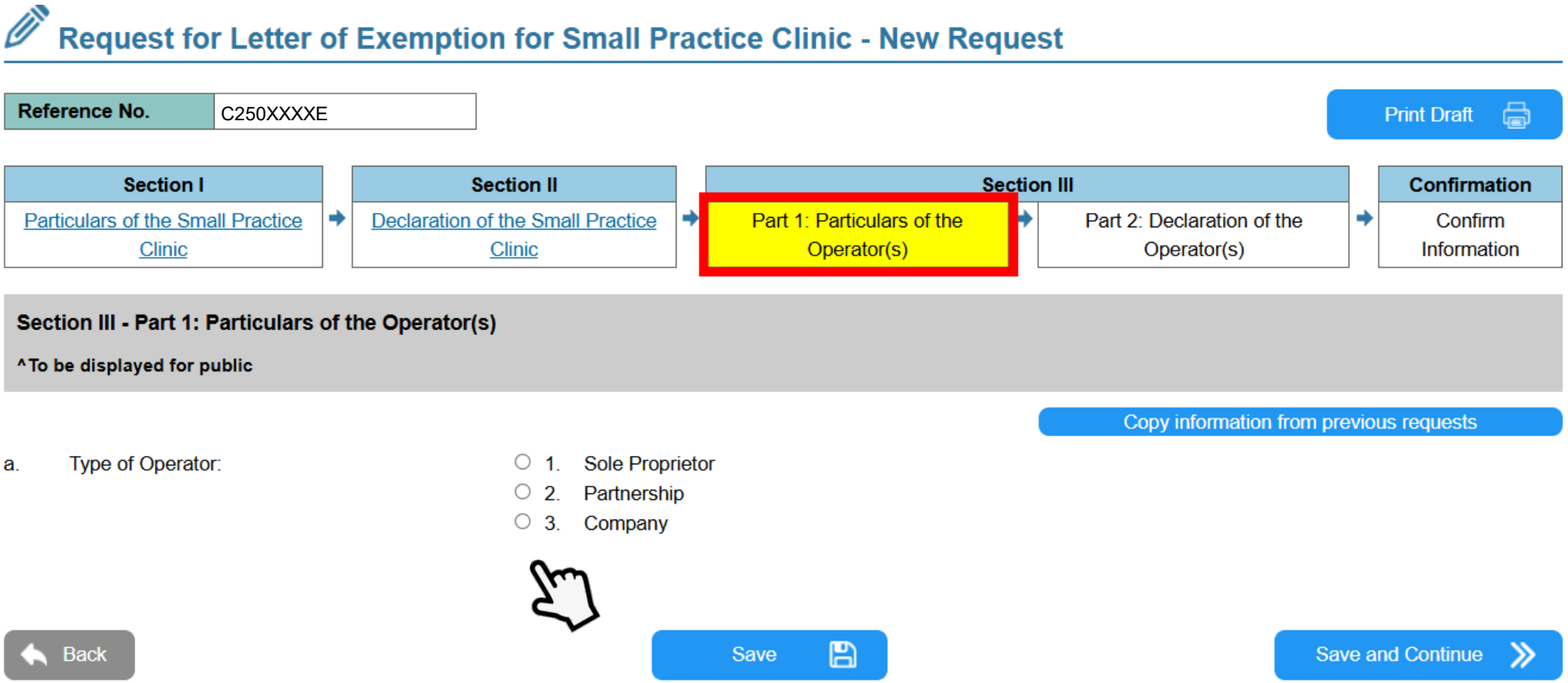
a. Does the clinic under this request ("this Clinic") comply with the following requirements under the Ordinance?

Exemption Requirements	
1. This Clinic does **not** form part of the premises of a hospital, a day procedure centre or an outreach facility	○ Yes ○ No
2. This Clinic is used, or intended to be used, for providing medical services to patients, **without lodging**	○ Yes ○ No
3. This Clinic does **not** provide to any person a medical procedure that requires the person's continuous confinement within the clinic for more than 12 hours	○ Yes ○ No
4. Scheduled medical procedures listed in column 2 (excluding column 3) of Schedule 3 of the Ordinance are **not** performed in this Clinic	○ Yes ○ No
5. Hospital-only medical procedures are **not** performed in this Clinic	○ Yes ○ No
6. The premises of this Clinic are physically separated from any premises that serve a purpose not reasonably incidental to the practice carried on in the clinic	○ Yes ○ No
7. This Clinic has a direct and separate entrance not shared with, or involving passing through, any premises that serve a purpose not reasonably incidental to the practice carried on in the clinic	○ Yes ○ No
8. This Clinic is a distinct and exclusive unit and is able to perform its functions independently	○ Yes ○ No

Back | Save | Save and Continue

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption



Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Section I	Section II	Section III		Confirmation
Particulars of the Small Practice Clinic	Declaration of the Small Practice Clinic	Part 1: Particulars of the Operator(s)	Part 2: Declaration of the Operator(s)	Confirm Information

Sole Proprietor

Copy information from previous requests

a. Type of Operator:
- (●) 1. Sole Proprietor
- ( ) 2. Partnership
- ( ) 3. Company

b. Particulars of the Operator(s)

1. Full name in Chinese^ (As stated on Hong Kong Identity Card): [ ] 醫生
2. Full name in English^ (As stated on Hong Kong Identity Card): Dr [ ] (Surname) [ ] (Given Name)
3. Hong Kong Identity Card Number: [ ] (e.g. A123456(7))
4. Registration:
   - ( ) Registered Medical Practitioner
   - ( ) Registered Dentist
5. Medical Council of Hong Kong / Dental Council of Hong Kong Registration Number: [ ] ← **D00001**
6. & 7. Correspondence address (P.O. box not accepted): [Input Address]
8. Telephone Number: [ ] (Office) [ ] (Mobile)
9. Fax Number: [ ]
10. E-mail Address: [ ]
11. Retype E-mail Address: [ ]

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Section I	Section II	Section III		Confirmation
Particulars of the Small Practice Clinic	Declaration of the Small Practice Clinic	Part 1: Particulars of the Operator(s)	Part 2: Declaration of the Operator(s)	Confirm Information

Partnership

Copy information from previous requests

a. Type of Operator:
- 1. Sole Proprietor
- 2. Partnership
- 3. Company

Pursuant to section 41(2)(a) of the Ordinance, for a small practice clinic operated by a partnership, the number of partners must not exceed 5, each of whom is a registered medical practitioner or a registered dentist.
(Please list out all the partners in the partnership)

c. Correspondence information of the partnership

1. & 2. Correspondence address (P.O. box not accepted): Input Address

3. Telephone Number: (Office) (Mobile)

4. Fax Number:

5. E-mail Address:

6. Retype E-mail Address:

Particulars of the Authorized Partner

b. Particulars of the Authorized Partner

The Authorized Partner is to represent this partnership to handle all matters related to this request for exemption and subsequent matters related to this Clinic.

1. Full name in Chinese^ (As stated on Hong Kong Identity Card): 醫生
2. Full name in English^ (As stated on Hong Kong Identity Card): Dr (Surname) (Given Name)
3. Hong Kong Identity Card Number: (e.g. A123456(7))
4. Registration:
   - Registered Medical Practitioner
   - Registered Dentist
5. Medical Council of Hong Kong / Dental Council of Hong Kong Registration Number:

Particulars of Other Partners (2th – 5th)

d. Information of Other Partners

Partner (2)	Full name in Chinese^ (As stated on Hong Kong Identity Card): 醫生	
	Full name in English^ (As stated on Hong Kong Identity Card): Dr (Surname) (Given Name)	
	Hong Kong Identity Card Number: (e.g. A123456(7))	
	Registration: Registered Medical Practitioner / Registered Dentist	
	Medical Council of Hong Kong / Dental Council of Hong Kong Registration Number:	

+ Add Other Partner

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Section I	Section II	Section III		Confirmation
Particulars of the Small Practice Clinic	Declaration of the Small Practice Clinic	Part 1: Particulars of the Operator(s)	Part 2: Declaration of the Operator(s)	Confirm Information

Company

Copy information from previous requests

a. Type of Operator:
- 1. Sole Proprietor
- 2. Partnership
- (•) 3. Company

b. Business Registration Number:

b. Business Registration Number: (i)

c. Name of the Company in Chinese:

d. Name of the Company in English:

e. Correspondence information of the company

1. & 2. Address of the Company: Input Address

3. Telephone Number: (Office) (Mobile)

4. Fax Number:

5. E-mail Address:

6. Retype E-mail Address:

Particulars of the Company

Pursuant to section 41(3)(a) of the Ordinance, for a small practice clinic operated by a company, the number of directors must not exceed 5, each of whom is a registered medical practitioner or a registered dentist.
(Please list out all the director(s) in the company)

f. Particulars of the Authorized Director

Particulars of the Authorized Director

The Authorized Director is to represent this company to handle all matters related to this request for exemption and subsequent matters related to this Clinic.

1. Full name in Chinese^ (As stated on Hong Kong Identity Card): 醫生
2. Full name in English^ (As stated on Hong Kong Identity Card): Dr (Surname) , (Given Name)
3. Hong Kong Identity Card Number: (e.g. A123456(7))
4. Registration:
   - Registered Medical Practitioner
   - Registered Dentist
5. Medical Council of Hong Kong / Dental Council of Hong Kong Registration Number:

g. Information of Other Directors

Particulars of Other Directors (2th – 5th)

Director (2)

Full name in Chinese^ (As stated on Hong Kong Identity Card): 醫生

Full name in English^ (As stated on Hong Kong Identity Card): Dr (Surname) , (Given Name)

Hong Kong Identity Card Number: (e.g. A123456(7))

Registration:
- Registered Medical Practitioner
- Registered Dentist

Medical Council of Hong Kong / Dental Council of Hong Kong Registration Number:

Remove

+ Add Other Director

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Section I	Section II	Section III		Confirmation
Particulars of the Small Practice Clinic	Declaration of the Small Practice Clinic	Part 1: Particulars of the Operator(s)	Part 2: Declaration of the Operator(s)	Confirm Information

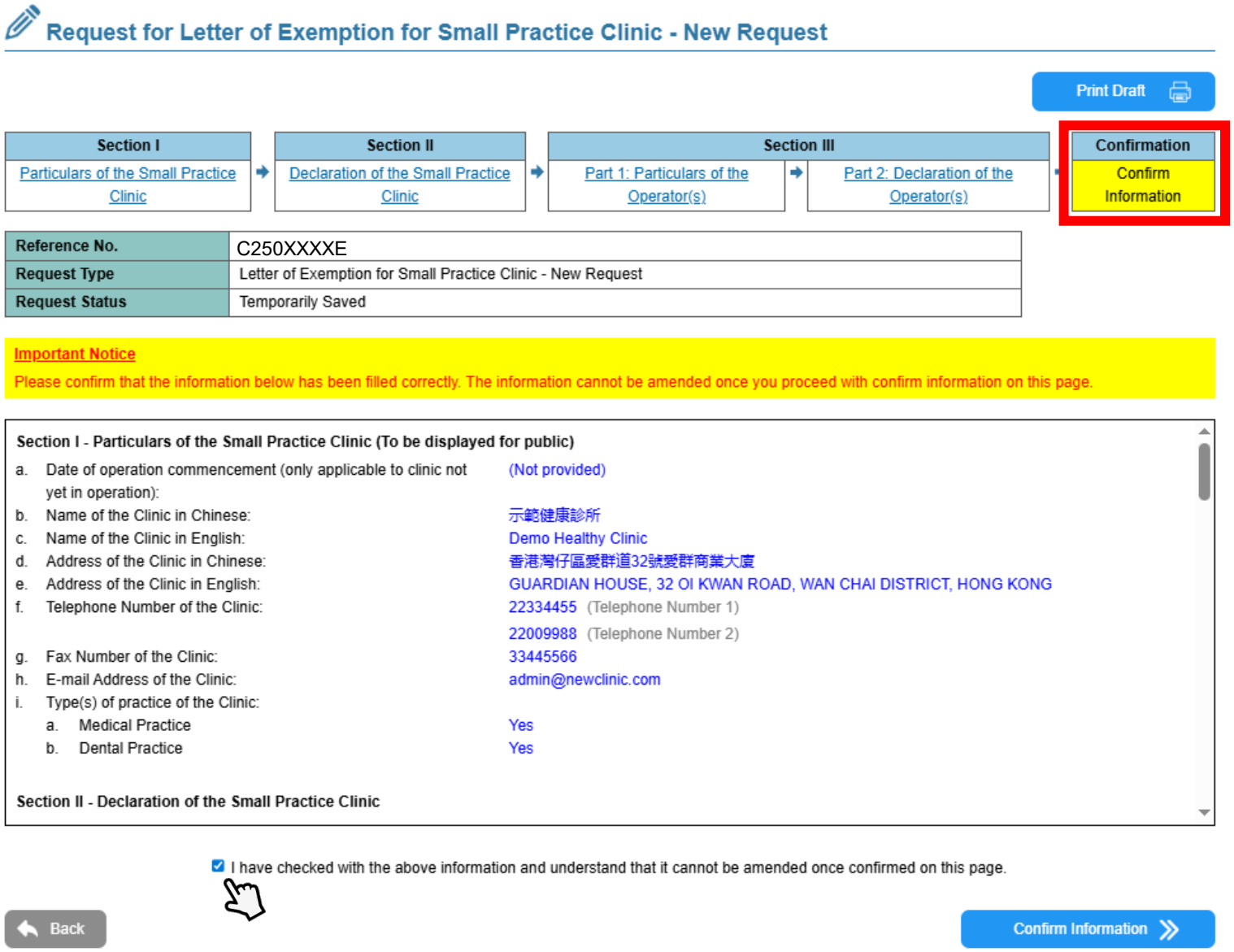
Do the following statements correctly describe the operator(s)?

1. I / We **have not** currently been found guilty of professional misconduct by the Medical Council of Hong Kong / Dental Council of Hong Kong or similar authorities outside Hong Kong, resulting in removal from the relevant register♦. ○ Yes ○ No
2. I / We **have not** been convicted of any offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 3 years♦@. ○ Yes ○ No
3. I / We **have not** been convicted of any offence under the Ordinance with a fine at level 6 or above in the past 1 year♦@. ○ Yes ○ No
4. In the past 3 years, I / we **have not** been the licensee(s) (no matter in the form of a sole proprietor, a partner of a partnership, or as a director / officer / member / office bearer of a company / organisation) or the chief medical executive(s) of any private healthcare facilities. ○ Yes ○ No
5. In the past 3 years, the private healthcare facilities during which I was/we were the licensee(s) (no matter in the form of a sole proprietor, a partner of a partnership, or as a director / officer / member / office bearer of a company / organisation) or the chief medical executive(s), **have neither had** their licence suspended nor cancelled by the Director of Health. ○ Yes ○ No
6. I / We **have not** been the operator(s) of any exempted clinic(s) (no matter operated as a sole proprietor, a partner of a partnership or a director of a company). ○ Yes ○ No
7. I am / We **are not** currently in any of the following capacities (in whatever combination) for 3 or more of other exempted clinics –
   (i) the sole proprietor of an exempted clinic;
   (ii) a partner of a partnership operating an exempted clinic;
   (iii) a director of a company operating an exempted clinic. ○ Yes ○ No
8. During my / our time as the operator(s) of (an)other exempted clinic(s), the exemption(s) for the clinic(s) **has never been** revoked by the Director of Health. ○ Yes ○ No
9. According to the Letter(s) of Revocation issued by the Director of Health, the ground(s) of such revocation was / were limited to the list below: ○ Yes ○ No
   - The sole proprietor has become bankrupt or made a voluntary arrangement with the individual's creditors within the meaning of the Bankruptcy Ordinance (Cap. 6)
   - The partnership that operated the exempted clinic has been dissolved / the company that operated the exempted clinic has commenced to be wound up or dissolved
   - The clinic has ceased to exist or be operated
   - The clinic has ceased to be operated as a small practice clinic
10. I / We **have not** become bankrupt or made a voluntary arrangement with the individual's creditors within the meaning of the Bankruptcy Ordinance (Cap. 6). ○ Yes ○ No
11. The company operating this Clinic **has not** commenced to be wound up or dissolved. ○ Yes ○ No
12. The total number of days for which another registered medical practitioner / registered dentist who is not the director of the company takes up the duties for a director of the company because of that person's absence from this Clinic **will not** exceed 60 days in a calendar year. ○ Yes ○ No
13. The aggregate number of days for the taking up of duties by other registered medical practitioner(s) or registered dentist(s) for the directors operating this Clinic **will not** exceed 180 days in a calendar year. ○ Yes ○ No
14. There is **no** other director in the company apart from those reported. ○ Yes ○ No
15. For the purpose of section 41(3)(c) of the Ordinance, either the company has, or one or more of the directors have the exclusive right to use the Premises of this Clinic. ○ Yes ○ No
16. There are and will be **no** registered medical practitioner(s) / registered dentist(s) serving this Clinic other than the company directors, apart from the situations described in items 12 and 13. ○ Yes ○ No

Remark:
1. ♦ The matter should be reported even if it is under appeal.
2. @ Please refer to the Guidance Notes for details.

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption



Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Request for Letter of Exemption for Small Practice Clinic - New Request

Reference No.	C250XXXXE
Request Type	Letter of Exemption for Small Practice Clinic - New Request
Request Status	**Pending Submission**

How would you like to submit your request?*

- ○ Electronic
- ○ By post or in-person

Operators are recommended to submit the request electronically for the shortest processing time.

*Please read carefully on the points to note for each submission route. You cannot change the route of submission after your confirmation of the selected route.

Electronic:
By choosing this route, you are required to upload the proof of address of the clinic (format: PDF or image (.jpg)) and all operators have to sign digitally with "iAM Smart+".

By post or in person:
You may print out and sign this request form by all operators of the small practice clinic personally. You are required to prepare the clinic address proof as a physical copy. Please note that a longer processing time may be required for submission by post or in-person. Furthermore, unlike electronic submission, small practice clinic operated by partnership is also required to submit copies of Hong Kong Identity Card of all partners if submitted by post or in person.

One of the operators is required to submit the signed request form and the required documents at the designated office of the Department of Health in person for identity verification. If the request is submitted by post, one of the operators is required to attend the office for identity verification upon receiving our notification.

If you fail to submit your request using the selected route, you will need to fill another request form.

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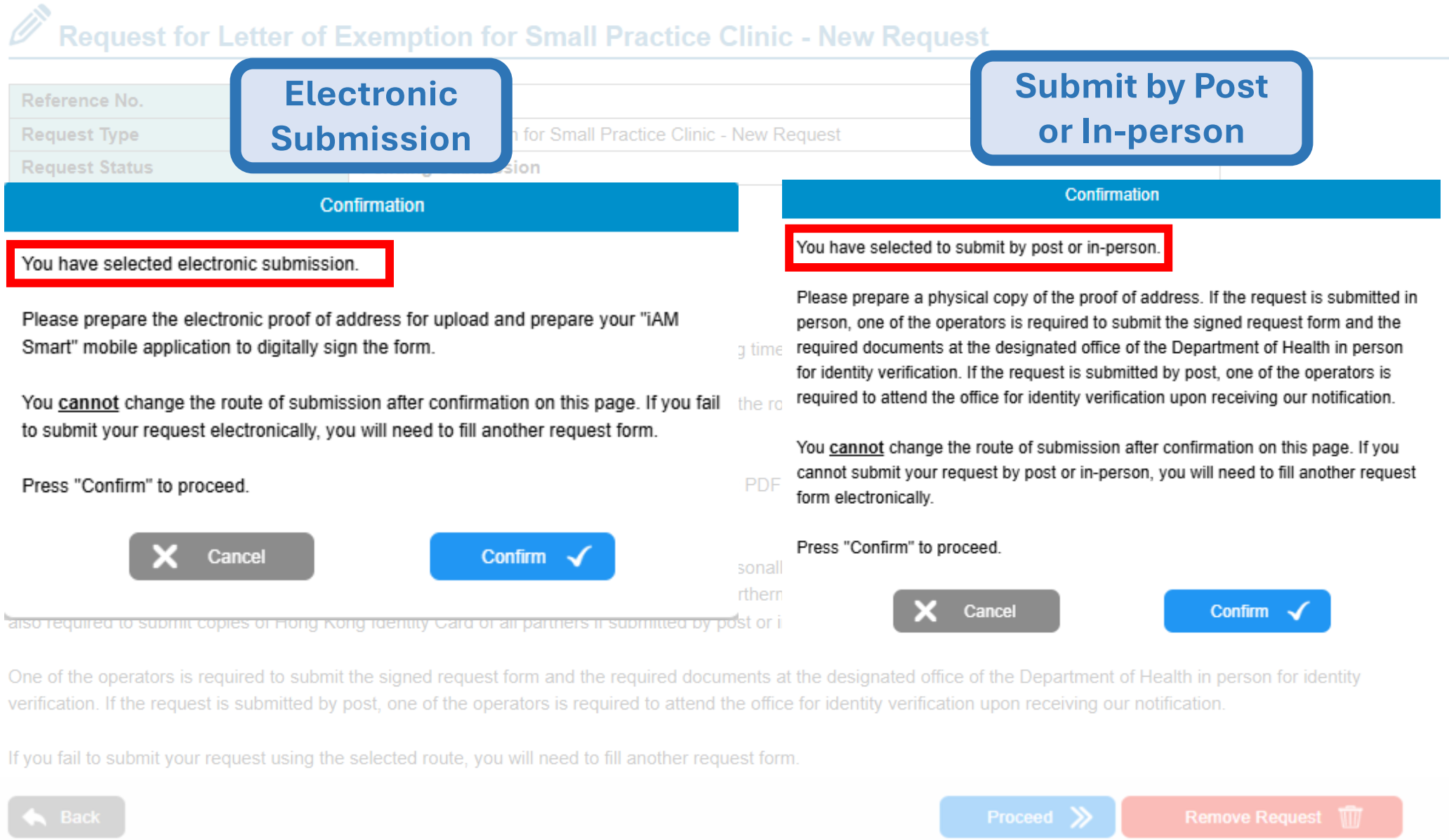
Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Electronic Submission

Submit by Post or In-person



Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Electronic Submission

Request for Letter of Exemption for Small Practice Clinic - New Request

Reference No.	C250XXXXE
Request Type	Letter of Exemption for Small Practice Clinic - New Request
Request Status	**Pending Submission**

Your request has **NOT** been submitted yet. Please upload the proof of address now.

Checklist of Documents		
1	PHF 51 Request for Letter of Exemption for Small Practice Clinics completely signed by all operators	Sign and Submit via "iAM Smart+"
2	Proof of address of the clinic with the name of the clinic or the operator (sole proprietor, one of the partners / directors or company) e.g. bills or invoices issued by utility companies (i.e. water, electricity or towngas suppliers) or record of procurement / maintenance of drugs / medical equipment **within the last three months from the request date**, copy of a valid Business Registration Certificate, etc. *Provide upon submission of the request form*	Upload

For enquiries, please contact the Department of Health by phone or email as indicated below.

Quality and Standards Division, Office for Regulation of Private Healthcare Facilities ***(for small practice clinic involving medical prac***
Phone: (852) 3107 3131
E-mail: orphf_spc@dh.gov.hk

Dental Regulatory and Law Enforcement Office ***(for small practice clinic involving dental practice only)***
Phone: (852) 2631 1782
E-mail: drleo@dh.gov.hk

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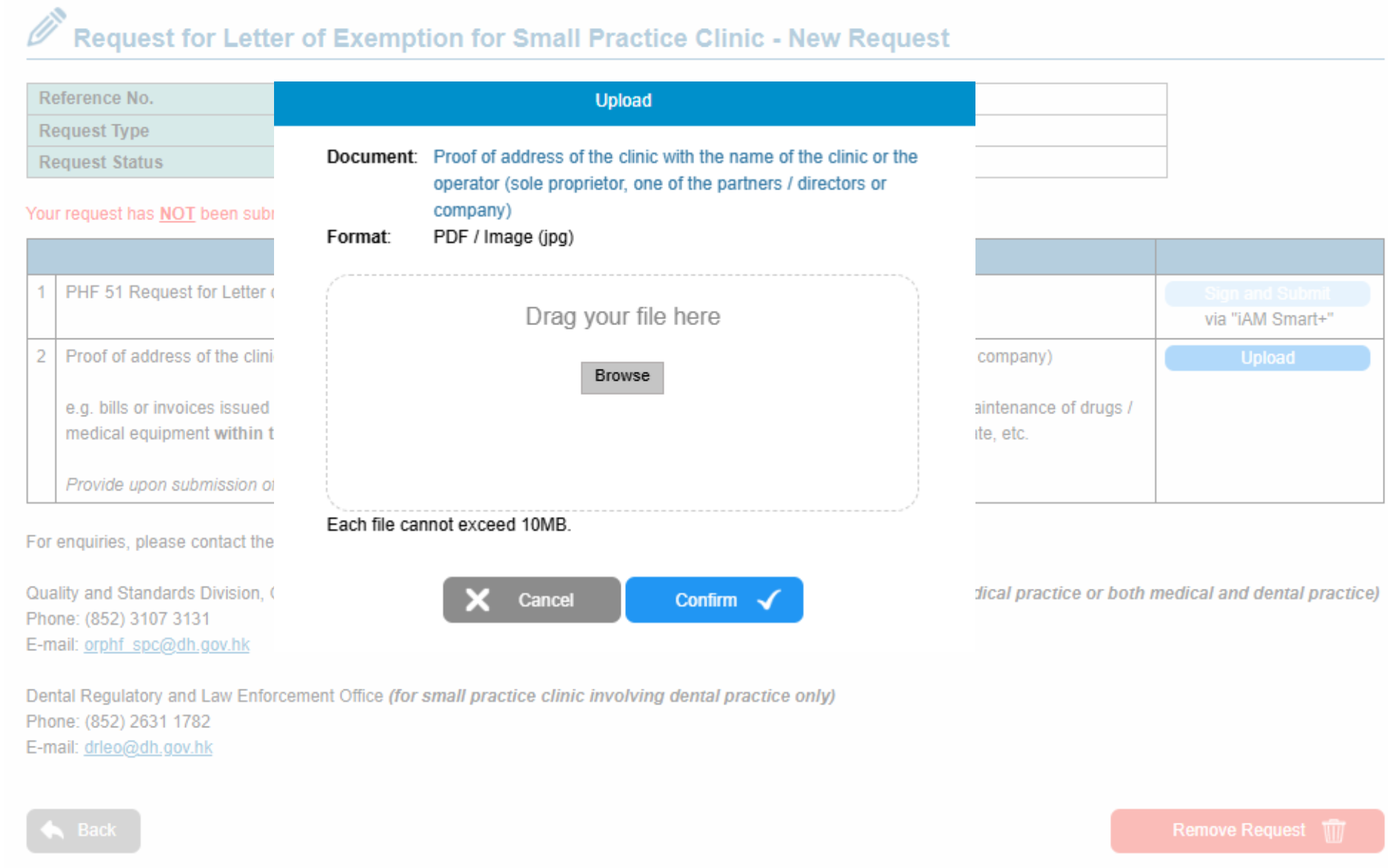
Electronic Submission



Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Electronic Submission

Request for Letter of Exemption for Small Practice Clinic - New Request

The file has been uploaded.

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For enquiries, please contact the Department of Health by phone or email as indicated below.

Quality and Standards Division, Office for Regulation of Private Healthcare Facilities ***(for small practice clinic involving medical practice or both medical and dental practice)***
Phone: (852) 3107 3131
E-mail: orphf_spc@dh.gov.hk

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Electronic Submission

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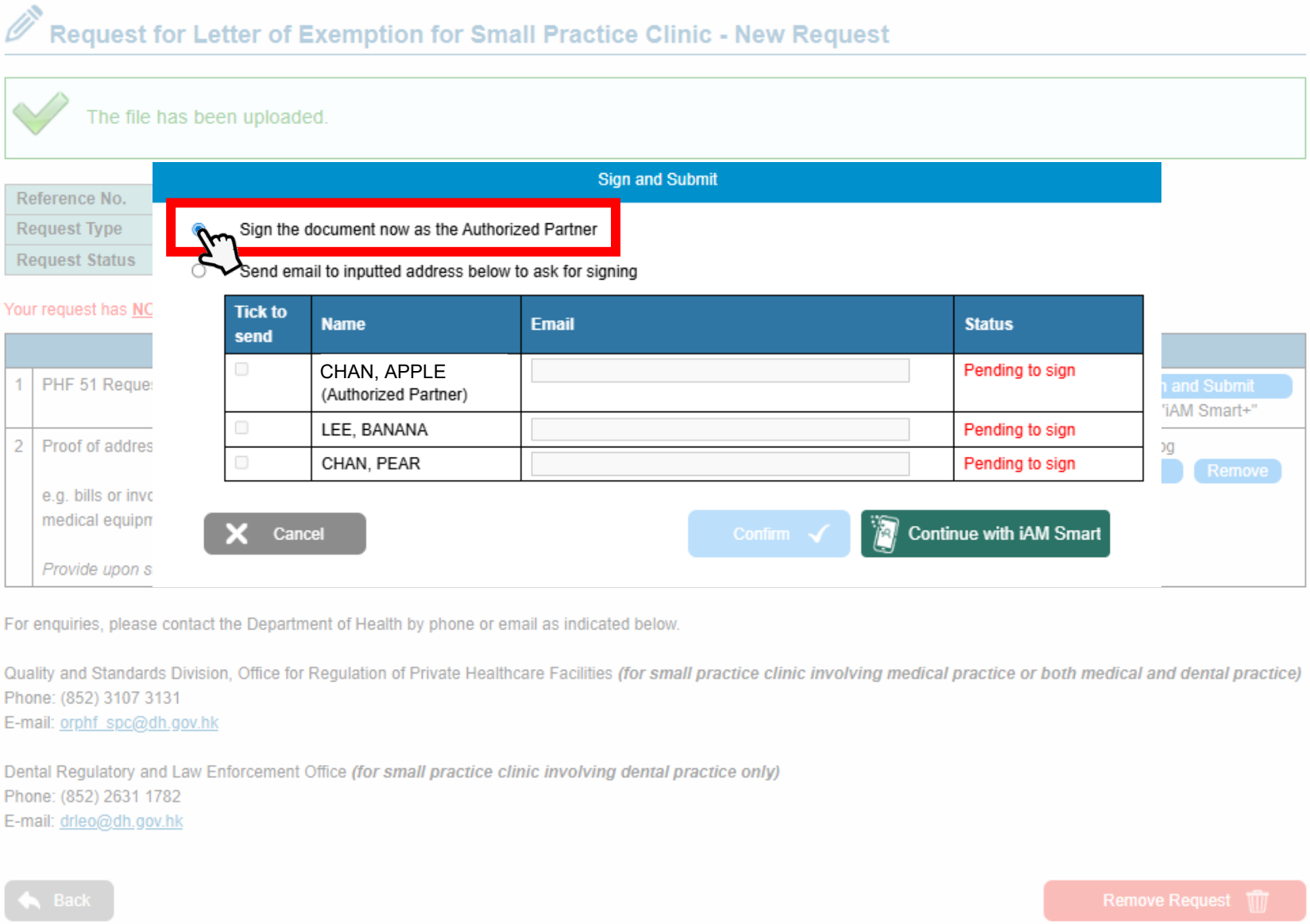
Electronic Submission



For enquiries, please contact the Department of Health by phone or email as indicated below.

Quality and Standards Division, Office for Regulation of Private Healthcare Facilities *(for small practice clinic involving medical practice or both medical and dental practice)*
Phone: (852) 3107 3131
E-mail: orphf_spc@dh.gov.hk

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Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

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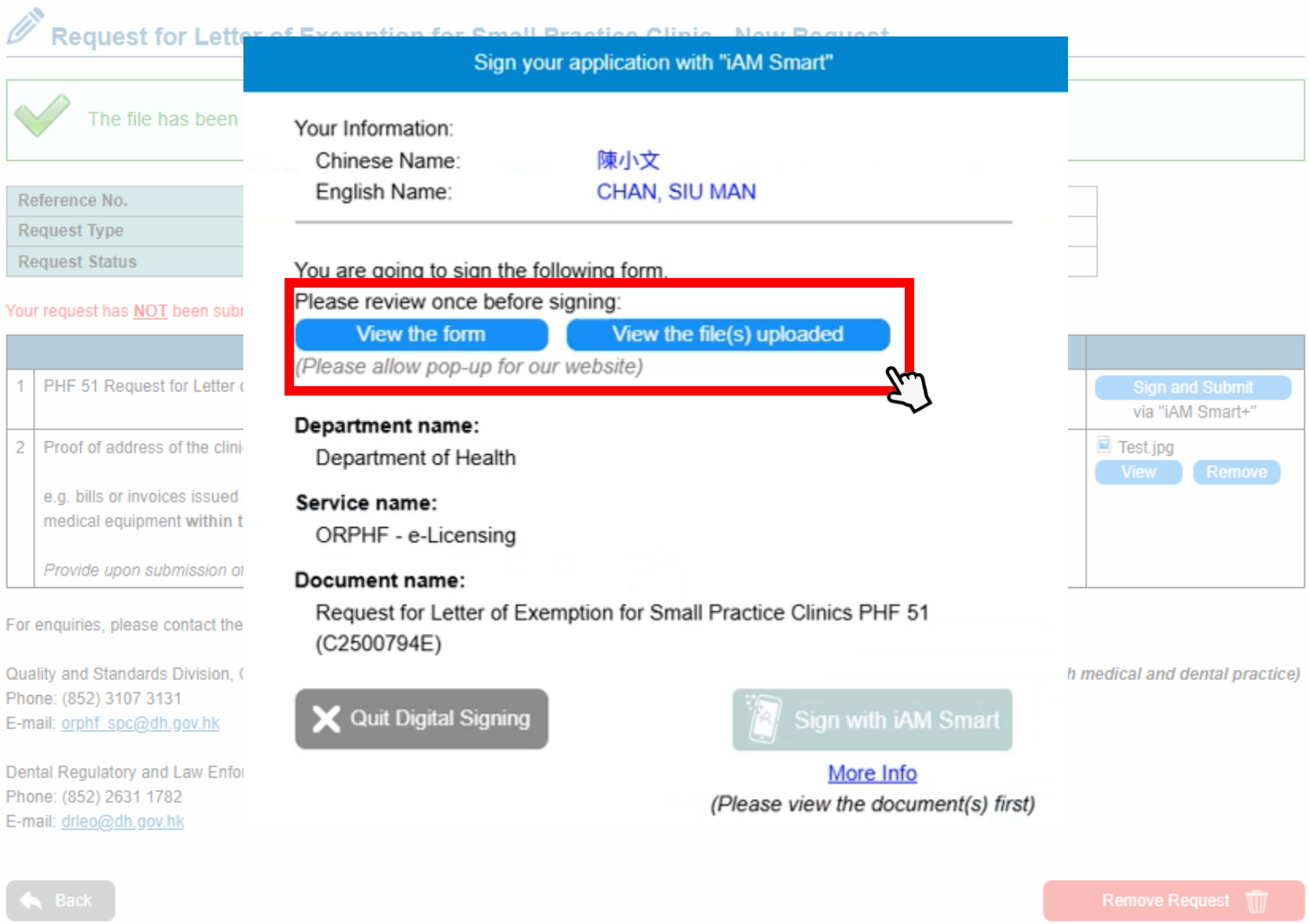
Electronic Submission



Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

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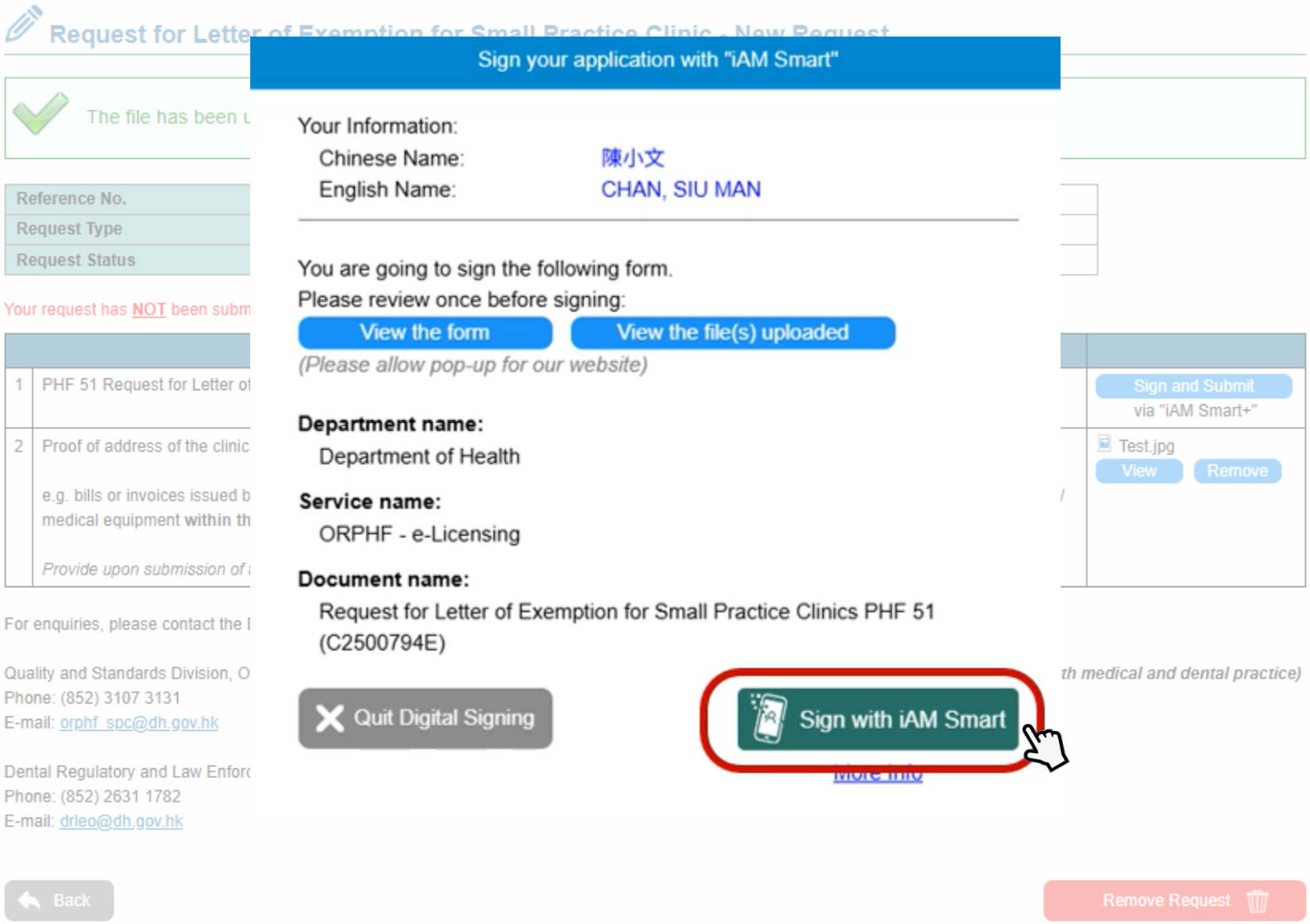

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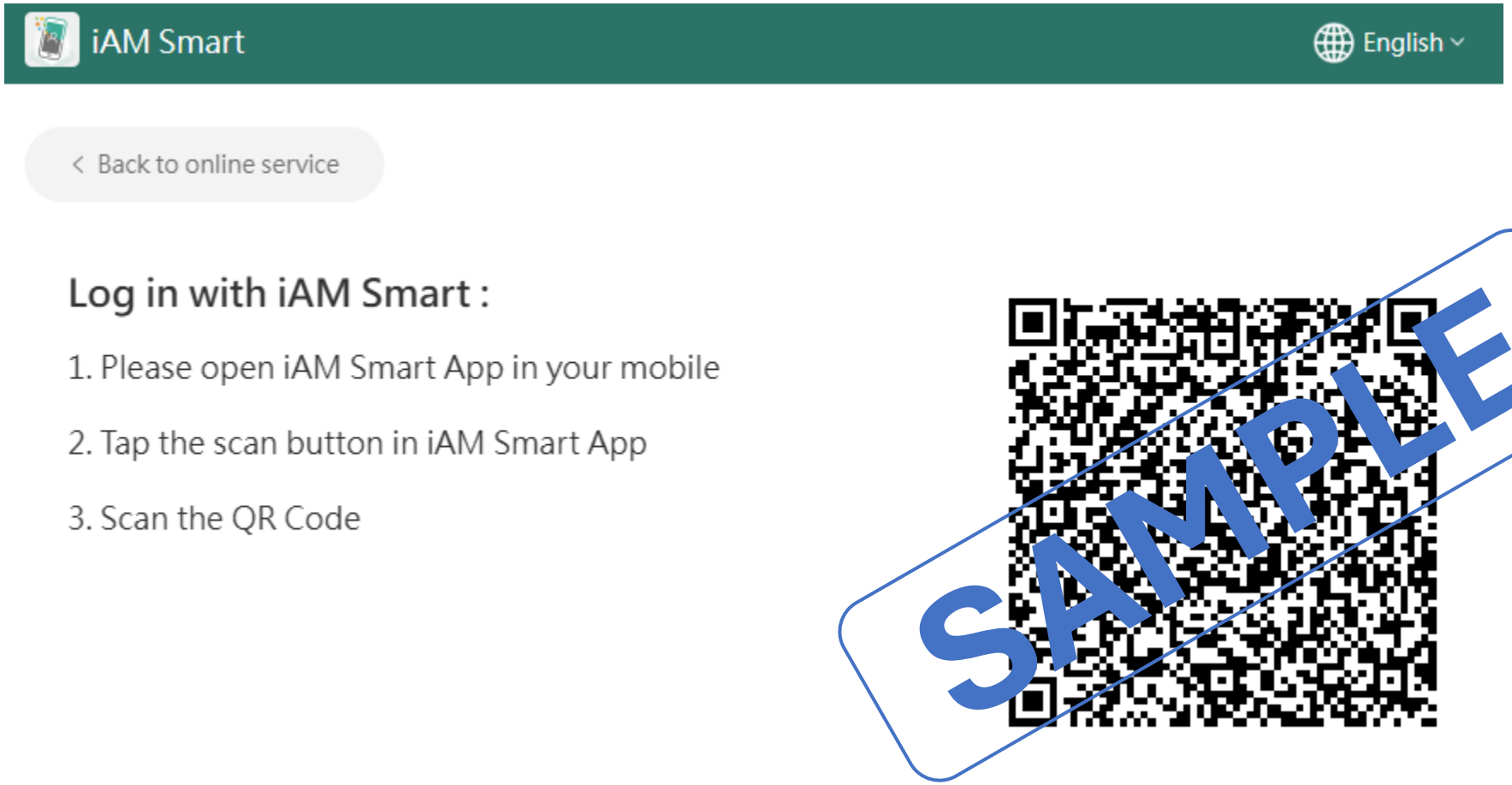

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Letter of Exemption

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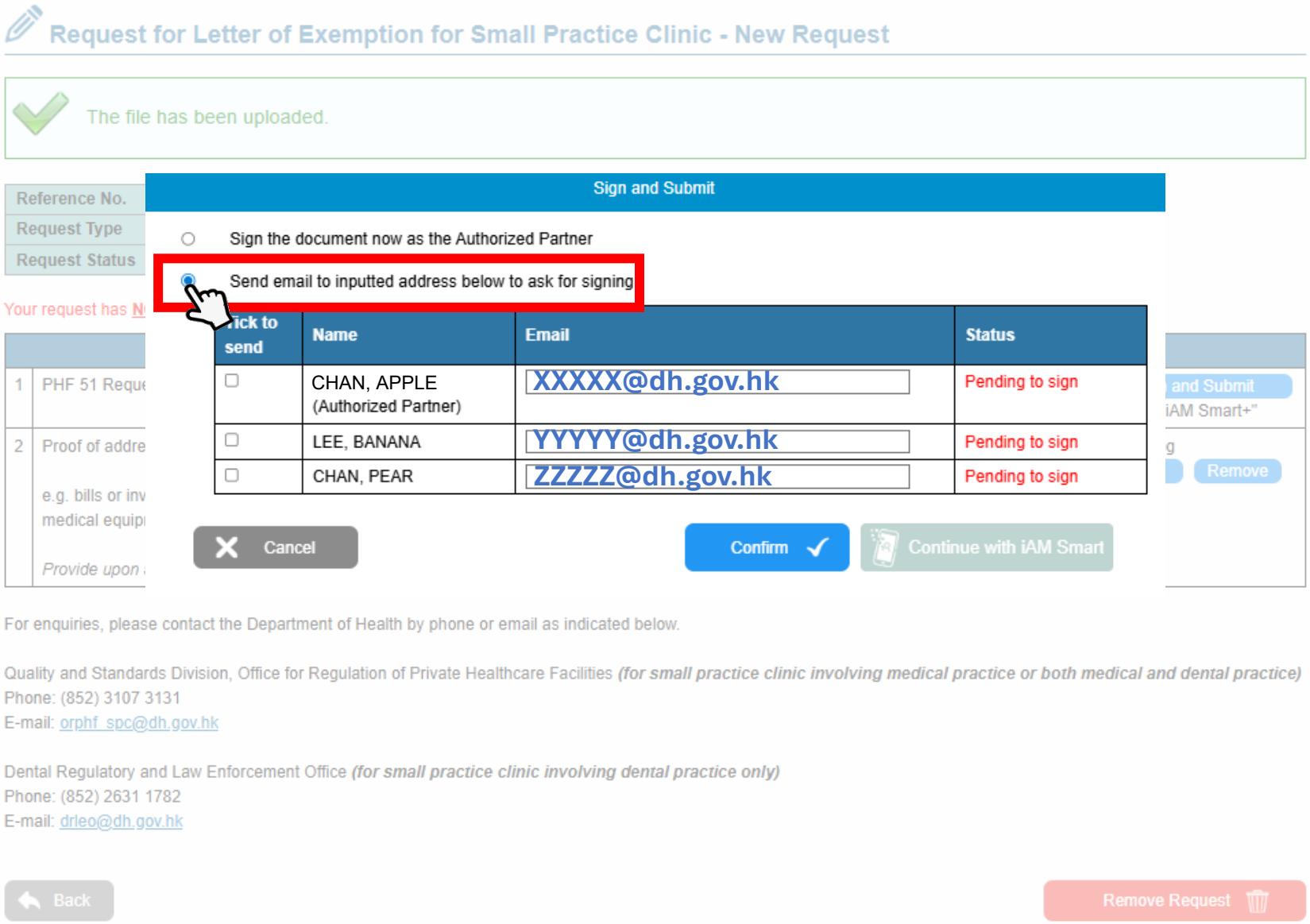

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Submit by Post or In-person

Request for Letter of Exemption for Small Practice Clinic - New Request

Reference No.	C250XXXXE
Request Type	Letter of Exemption for Small Practice Clinic - New Request
Request Status	**Pending Submission**

You have selected to submit the request in person or by post. You are required to sign the request and prepare the following documents.

Checklist of Documents		
1	PHF 51 Request for Letter of Exemption for Small Practice Clinics completely signed by all operators	Print and Sign
2	Proof of address of the clinic with the name of the clinic or the operator (sole proprietor, one of the partners / directors or company) e.g. bills or invoices issued by utility companies (i.e. water, electricity or towngas suppliers) or record of procurement / maintenance of drugs / medical equipment **within the last three months from the request date**, copy of a valid Business Registration Certificate, etc. *Provide upon submission of the request form*	
3	Copies of Hong Kong identity cards and copies of valid practising certificates of all operators *Provide upon submission of the request form*	

Applicable to

- Clinic involving **dental** practice only.

Dental Regulatory and Law Enforcement Office
Dental Services, Department of Health
Room 1801, 18/F, Guardian House,
32 Oi Kwan Road,
Wan Chai, Hong Kong

Service hours for in-person submission of hardcopies and/or identity verification of the operators:
Monday to Friday: 08:45 – 12:30, 14:00 – 17:00
Saturday, Sunday and Public Holidays: closed

For enquiries, please contact the Department of Health by phone or email as indicated below.

Dental Regulatory and Law Enforcement Office ***(for small practice clinic involving dental practice only)***
Phone: (852) 2631 1782
E-mail: drleo@dh.gov.hk

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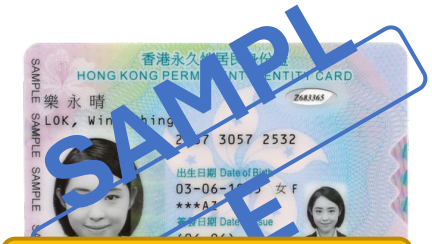
Remove Request

Clinic address proof



HKID Copies

Practising Certificates

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Submit by Post or In-person

Letter of Exemption

衛生署私營醫療機構規管辦公室
Office for Regulation of Private Healthcare Facilities
Department of Health

Reference Number (For internal use) C250XXXXE

《私營醫療機構條例》（第633章）
Private Healthcare Facilities Ordinance (Cap. 633)

要求就小型執業診所發出豁免書
Request for Letter of Exemption for Small Practice Clinics

注意：
1. 填寫本表格前，請參閱要求就小型執業診所發出豁免書指引（"指引"）**PHF(E) 51A**（只備英文版）。
2. 提交本要求時，必須同時提交所有適用的文件。否則，衛生署可能無法處理有關要求。
3. 請在適當的方格內填上「✓」號。
4. *刪去不適用者。

Note:
1. Please read the Guidance Notes on Re… tter of Exemption for Small …ctice Clinics … Guidance Notes") **PHF(E) 51A** …re filling in th… m.
2. Sub… on of t… ques… st be ac…panied by all appl… docu… s. Oth… …Department of Healt… H") …be unable … cess this request.
3. …ase tic… the appropriate box .
4. *… as appropriate.

重要提示：
根據《私營醫療機構…例》…633章…（《修…任何人…提交…中作…或…在要…上屬虛…，有機會構成罪…

Important Notice:
Under the Private Healthcare Facilities Ordinance (Cap. 633) ("the Ordinance"), any person who furnishes in this request any statement or information that is false or misleading in a material particular may commit an offence.

現謹根… …第42條要求衛生署署長 就下述小型執業診所發出豁免書。

Request is hereby made for the Director of Health to issue a letter of exemption for the undermentioned small practice clinic under section 42 of the Ordinance.

第一部分 小型執業診所的詳情
Section I *Particulars of the small practice clinic*

開始營運日期（只適用於尚未營運的診所）
Date of operation commencement (only applicable to clinic not yet in operation) ___/___/___ 日 DD 月 MM 年 YYYY

診所名稱^ **Name of the clinic^**

（中文 Chinese）	（英文 English）
示範健康診所	Demo Healthy Clinic

診所地址（下稱"有關處所"）^（須提供中文及英文地址）
Address of the clinic (hereinafter referred to as "the Premises") ^ (Both Chinese and English addr… …ired)

地址： 香港灣仔區愛群道32號愛群商業大廈

Address: GUARDIAN HOUSE, 32 OI KWAN ROAD, WAN CHAI DIS… T, HONG KO…

須提交文件 **Document to be submitted**	列有診所或營辦人名稱（獨資營辦人… 一位合… / … 公司名… 的診所地址證明（例如：**在提交本要求日期前三個月內**…的水 / … 煤供… …發票或藥物 / 醫療儀器購買 / 維修記錄、… 商業… 副… Proof of address of the clinic … ame o… linic or the operator (sole proprietor, one of the partners / dir… compa… (e.g. …s or in… issued by utility companies (i.e. water, electricity or t… …or re… of proc… ent / maintenance of drugs / medical equipment with… …e la… **mon… om the date of submitting this request**, copy of a valid …ess Registra… Certificate, etc.)

診所聯絡資料^ **Con… in…tion of t… nic^**

電話… Telephone number	33… 22009988	傳真號碼 Fax number	33445566
E-mail address	a…n@newclinic.com		

診所… …pe(s) of practice of the clinic^

醫科執業 Medical Practice	☑ 有 Yes ☐ 無 No	牙科執業 Dental Practice	☑ 有 Yes ☐ 無 No

^ 供公眾閱覽
To be displayed for public

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Submit by Post or In-person

Letter of Exemption

第四部分 營辦人聲明 **Section IV** *Declaration of the operator(s)*	
本人 / 吾等 謹此聲明：	I/ We hereby declare that –
1. 有關處所用作診所用途是符合相關政府租契的條款。本人/吾等明白此乃本人/吾等的責任確保有關處所的用途符合任何有關條例及規例。	1. The use of the Premises as a clinic complies with the conditions of the Government lease concerned and I / we understand that it is my / our responsibility to ascertain that the use of the Premises is in compliance with any relevant Ordinances and Regulations.
2. 本人/吾等已閱讀並同意「收集個人資料聲明」。	2. I / We have read and agree to the "Personal Information Collection Statement".
3. 本人/吾等明白，根據《條例》第93條的規定，任何人在本要求中作出或填報在要項上屬虛假或具誤導性的陳述或資料，有機會構成罪行。本人/吾等聲明，據本人/吾等所知，上述填報的所有資料均屬真確無訛。另外，本人/吾等承諾和保證，關於不時就本要求向政府提供的所有相關資料及文件（不論是否本人/吾等管有），在各方面均屬真實、最新、準確及完整。	3. I / We understand that, according to section 93 of the Ordinance, any person who furnishes in this request any statement or information that is false or misleading in a material particular may commit an offence. I / We declare that all information provided above is true and correct to the best of my / our knowledge. I / We also undertake and warrant that all information and documents (to be) provided to the Government from time to time in relation to this request (whether in my / our possession or not) are true, up-to-date, accurate and complete in all respects.
4. 如本人/任何合夥人/任何董事於小型執業診所在根據《條例》獲發的豁免書有效期間破產或與其債權人訂立《破產條例》（第6章）所指的自願安排，本人/吾等會於得悉該情況後盡快將有關詳情（包括但不限於被裁定破產人的姓名、香港身份證號碼、私營醫療機構編號、被裁定破產日期或訂立自願安排日期）以書面通知衞生署。	4. I / We undertake that if I / any partner / any director is in bankruptcy or have made a voluntary arrangement with the individual's creditor within the meaning of the Bankruptcy Ordinance (Cap. 6) while being an operator of a small practice clinic with valid exemption under the Ordinance, I / we will notify DH in writing of the relevant details (including but not limited to the name and Hong Kong Identity Card number of the person in bankruptcy, PHF number, date of bankruptcy or voluntary arrangement made) as soon as practicable.
5. ***（適用於由 公司 營辦的小型執業診所）*** 如本公司在營辦小型執業診所的期間已開始清盤，本公司會於得悉後盡快將有關詳情（包括但不限於公司名稱及商業登記號碼）以書面通知衞生署。	5. ***(For SPC operated by a company only)*** If our company has commenced to be wound up while being an operator of an exempted clinic under the Ordinance, we will notify DH in writing of the relevant details (including but not limited to the company name and business registration number) as soon as practicable.
6. ***（適用於由 合夥 / 公司 營辦的小型執業診所）*** 吾等/本公司同意「獲授權合夥人/獲授權董事」代表本合夥/公司處理所有關於此項豁免要求及日後有關本診所的事宜。	6. ***(For SPC operated by a partnership / company only)*** We agree / our company agrees that the Authorized Partner / Authorized Director will represent this partnership / company to handle all matters related to this request for exemption and subsequent matters related to this Clinic.
7. 本人/吾等明白，如本診所擬作《條例》第44（1）列載的變動，本人/吾等須透過「豁免診所的擬作改變或停止運作通知」，給予衞生署署長不少於14日通知。如本診所有其他擬作變動/其他變動，或本聲明所指明的任何情況有所改變，本人/吾等明白亦應在可行的情況下盡快透過「通知」或書面通知署長。	7. I / We understand that I am / we are required to give the Director of Health of any intended change of the clinic listed in section 44(1) of the Ordinance not less than 14 days' notice by completing the"Notice of Intended Change or Intended Cessation of an Exempted Clinic". For other intended change / other change occurs to this clinic or change in the situation specified in this declaration, I / we understand that I / we should also notify the Director by the above notice or in writing as soon as practicable.

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第四部分 營辦人聲明 **Section IV** *Declaration of the operator(s)*
獲授權董事簽署 Signature of the Authorised Director
日期 Date : _____ 日 DD 月 MM 年 YYYY
•如診所由合夥或公司營辦， **所有**合夥人或董事必須簽署。 · If the clinic is operated by a partnership or a company, **all** partners or directors must sign.

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

Letter of Exemption

Submit by Post or In-person

For Small Practice Clinic involving dental practice ONLY

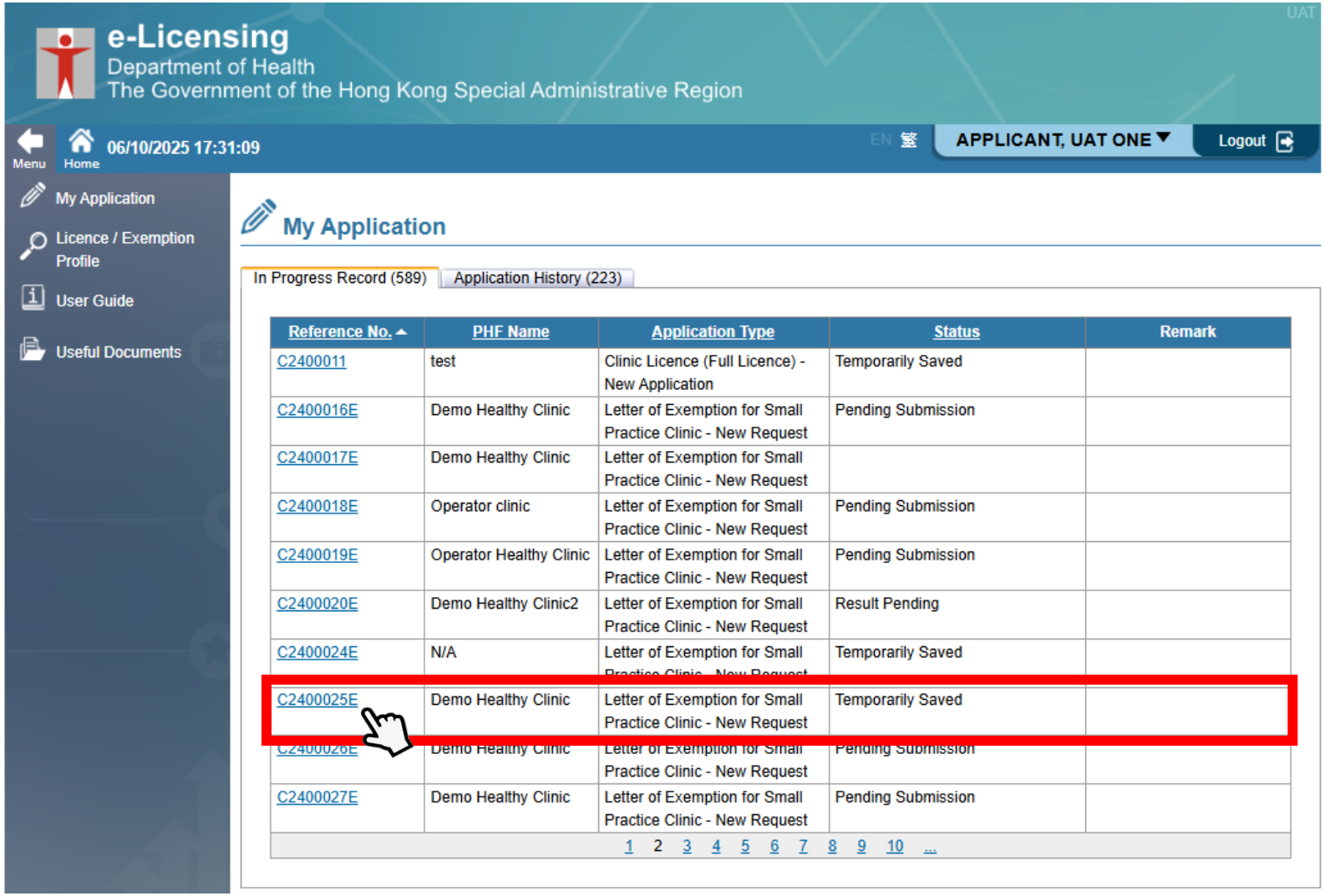
只進行牙科執業的小型執業診所

Address: 地址: (In-person submission/ By post) (親身提交/郵寄)	Dental Regulatory and Law Enforcement Office Dental Services, Department of Health Room 1801, 18/F, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong	香港 灣仔 愛群道32號 愛群商業大廈 18樓 1801室 衞生署 牙科服務 牙科規管及執法辦公室
Form submission time: 交表時間: (親身提交)	**The Sole Proprietor/ Authorized Partner/ Authorized Director please call the Dental Regulatory and Law Enforcement Office to arrange an appointment for form submission. The Sole Proprietor/ Authorized Partner/ Authorized Director must bring his/her Hong Kong Identity Card while visiting our office.** 請 獨資經營人/ 獲授權合夥人 / 獲授權董事 先致電牙科規管及執法辦公室預約提交表格，並帶備香港身份證親臨本辦公室。	
Office Tel: 辦公室電話:	2631 1782	

Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

How to resume editing a saved request for Letter of Exemption?

Letter of Exemption



Step-by-Step Guide – Request for Letter of Exemption via e-Licensing

How to resume editing a saved request for Letter of Exemption?

Letter of Exemption

Request for Letter of Exemption for Small Practice Clinic - New Request

Reference No.	C2400025E
Request Type	Letter of Exemption for Small Practice Clinic - New Request
Request Status	**Temporarily Saved**
Last Update Time	19 Nov 2024 16:48

Last update information: Print

Section I - Particulars of the Small Practice Clinic (To be displayed for public)

a.	Date of operation commencement (only applicable to clinic not yet in operation):	(Not provided)
b.	Name of the Clinic in Chinese:	示範健康診所
c.	Name of the Clinic in English:	Demo Healthy Clinic
d.	Address of the Clinic in Chinese:	九龍旺角加列山道100號新陽光商業大樓10A至C室
e.	Address of the Clinic in English:	FLAT A-C, 10, NEW SUNSHINE COMMERCIAL BUILDING, 100 MOUNT KELLETT ROAD, MONGKOK, KOWLOON
f.	Telephone Number of the Clinic:	22334455 (Telephone Number 1) 22009988 (Telephone Number 2)
g.	Fax Number of the Clinic:	33445566
h.	E-mail Address of the Clinic:	admin@newclinic.com
i.	Type(s) of practice of the Clinic:	
	a. Medical Practice	Yes
	b. Dental Practice	Yes

Back | Continue to Edit | Remove Request

Letter of Exemption for Small Practice Clinic

Letter of Exemption

私營醫療機構條例（第 633 章）
PRIVATE HEALTHCARE FACILITIES ORDINANCE (Cap. 633)

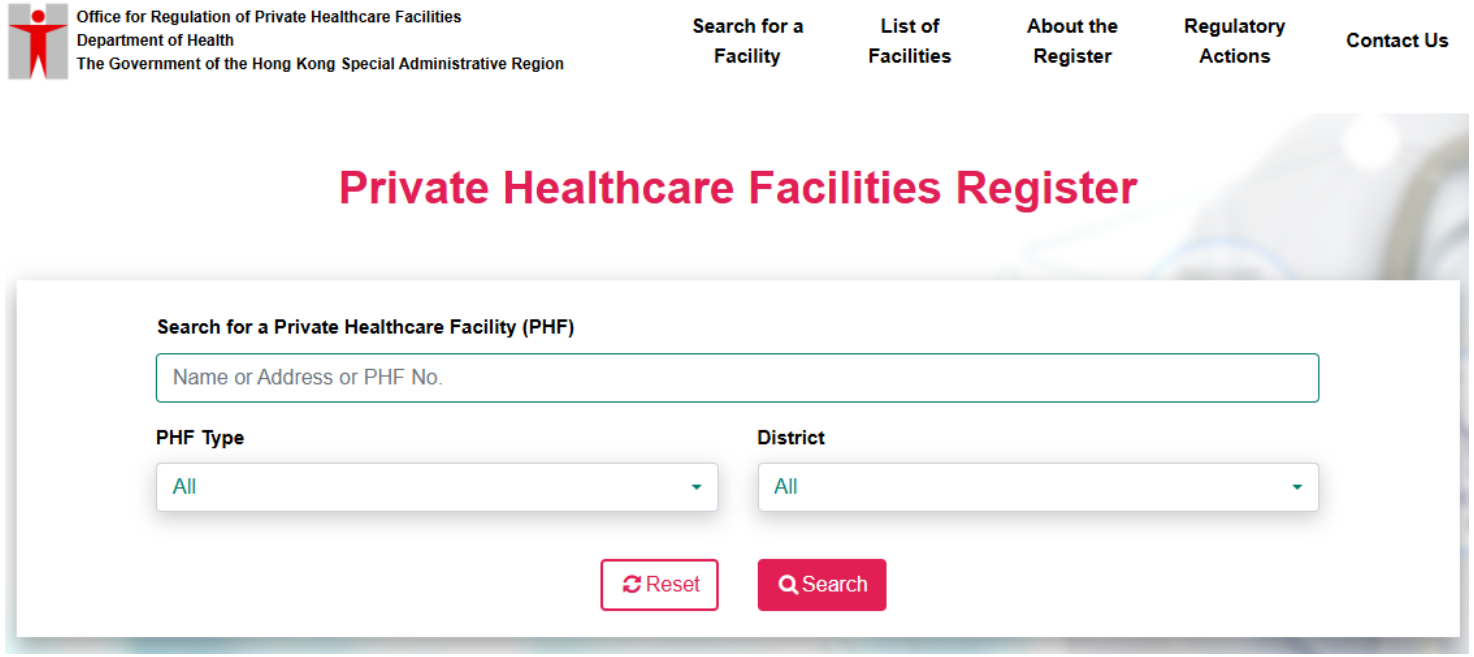
以下診所的營辦人已獲發出豁免書以容許其不用獲得牌照而營辦該診所，
請使用衞生署@DH 流動應用程式掃描二維碼
以獲取更多有關該豁免診所的資訊。

A letter of exemption has been issued for the operator(s) to operate the below clinic without a licence. Please scan the QR code with the @DH Mobile App of the Department of Health to obtain further information on the exempted clinic.

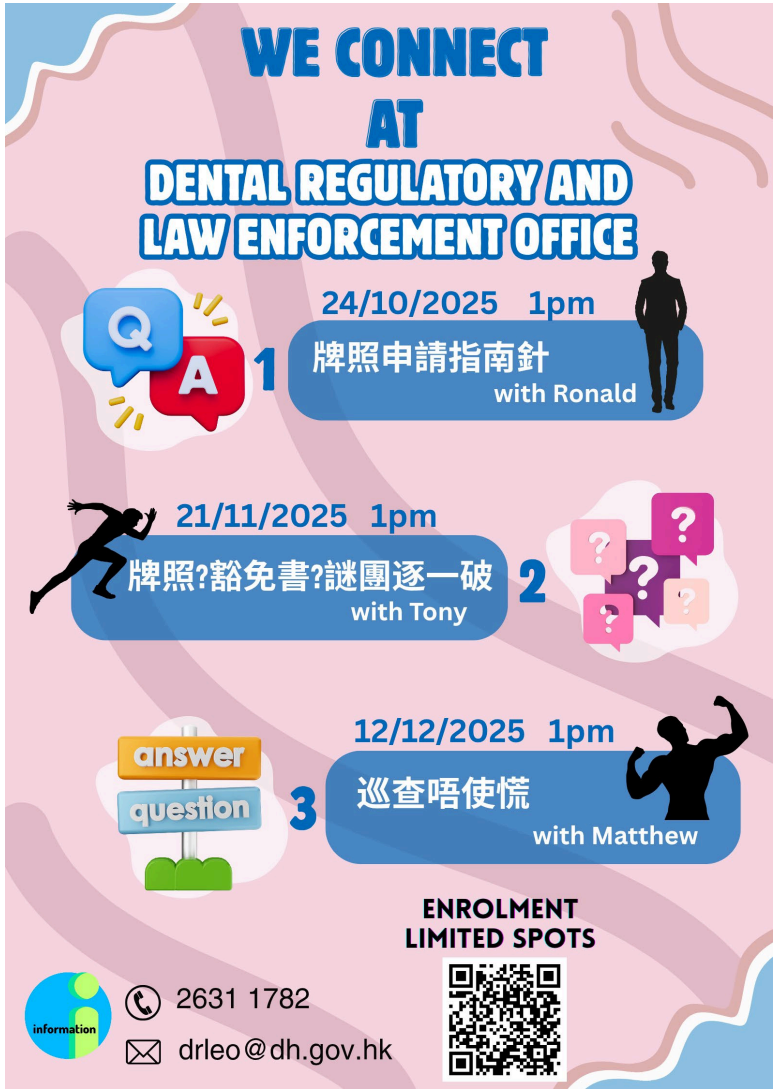
SAMPLE

香港甲乙丙道 123 大廈地下
G/F, 123 Building, ABC Road, Hong Kong

衞生署
DEPARTMENT OF HEALTH



October to December Briefing Sessions



Useful information

- Application for licence / Request for letter of exemption

https://www.orphf.gov.hk/s/MAPYF

- Important documents

https://www.orphf.gov.hk/s/S67kX

- PHF Register

https://www.directory.orphf.gov.hk/Directory/en/Home/Home

- Guidance notes for clinic licence

https://www.orphf.gov.hk/files/forms/PHF(E)_32A_Guidance_Notes_for_Clinic_Licence.pdf

- User Guide for e-Licensing

https://www.orphf.gov.hk/videos/e-licensing/How_to_register_an_e-licensing_account.mp4

User Guide for e-Licensing

Register an e-Licensing account

New Application - Clinic Licence

Manage an e-Licensing account

New Request for Letter of Exemption - Small Practice Clinic

For more information

Please read PHF 32A Guidance Notes for Application for Clinic Licence / PHF 51A Guidance Notes for Request for Letter of Exemption for Small Practice Clinics

Or

visit Website of the Office for Regulation of Private Healthcare Facilities:

www.orphf.gov.hk

For dental-related enquiries,

- Tel.: 2631 1782
- Email: drleo@dh.gov.hk