

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



← → ↻ https://apps.orphf.gov.hk/Submission/Main/Main.aspx

**e-Licensing**  
Department of Health  
The Government of the Hong Kong Special Administrative Region

EN 繁

 **SIGN IN**

英

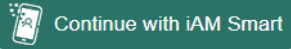
LOGIN

Forgot Password?

 **REGISTER AN ACCOUNT**

FOR LICENCE APPLICATION /  
EXEMPTION REQUEST

REGISTER



[More Info](#)



**1. Click “Continue with iAM Smart”**

 **USER GUIDE**

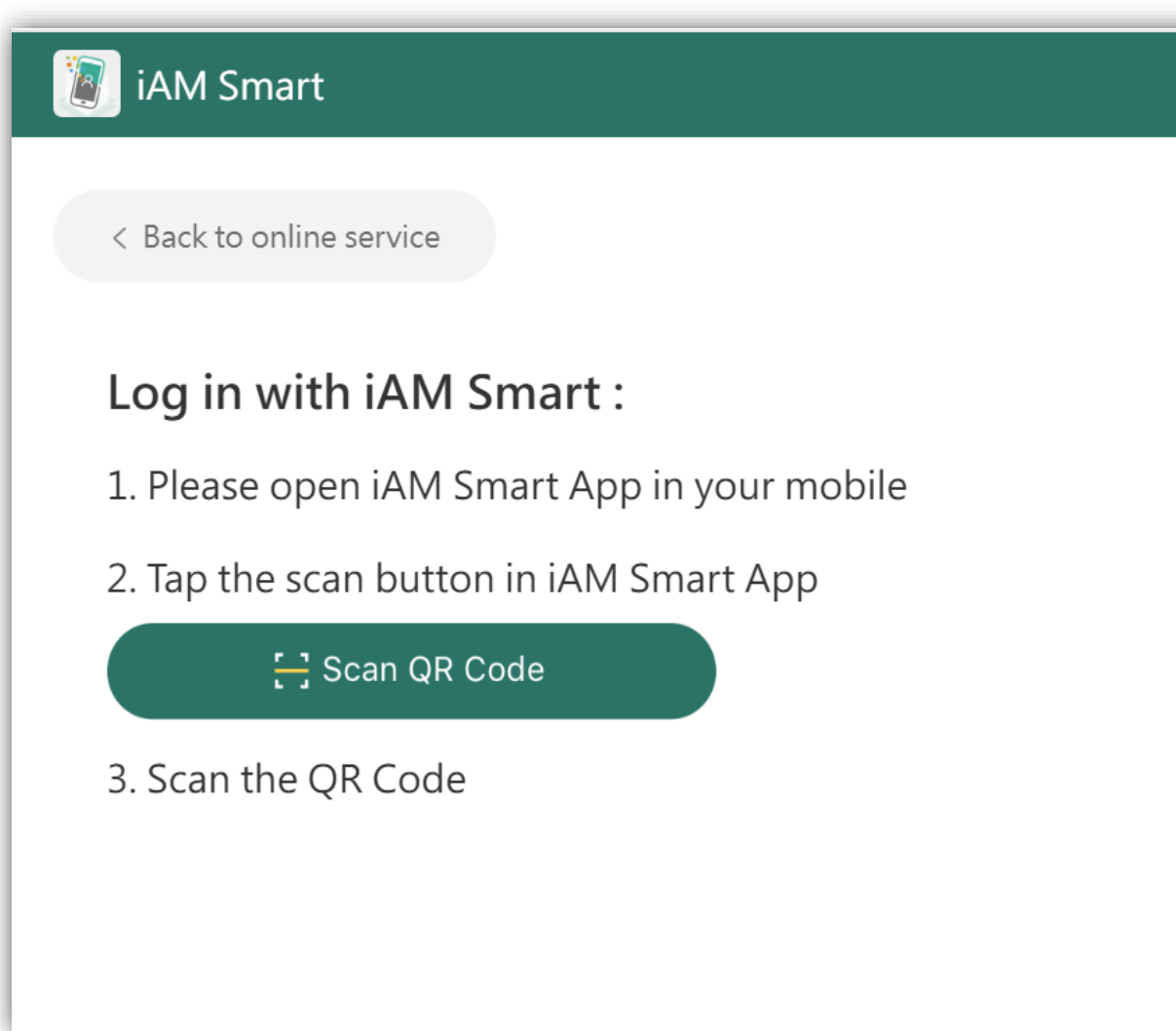
 **FAQS**

**Office for Regulation of Private Healthcare Facilities**  
Department of Health  
The Government of the Hong Kong Special Administrative Region

Important Notices Privacy Policy System Maintenance Contact Us



# Create New User Account - iAM Smart



2. Log in iAM Smart via your mobile device



3. Scan the QR code on the e-Licensing



# Create New User Account - iAM Smart



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iAM Smart



**Do you have an e-Licensing Account?**

Yes. I want to link up my e-Licensing Account with iAM Smart

**No. I want to create a new e-Licensing Account now**

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



# Create New User Account - iAM Smart



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iAM Smart

## Disclaimer

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5. Input CAPCHA



[Try a different image](#)

6. Click the checkbox



I have read and agree to the terms of this Disclaimer.

7. Click Next button

 Back

Next 



# Create New User Account - iAM Smart



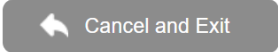
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 **Register Account for Licence Application**

Please fill in your information.

|                                    |                                                                               |                      |
|------------------------------------|-------------------------------------------------------------------------------|----------------------|
| User ID                            | <input type="text"/>                                                          | (4 - 20 characters)  |
| Name (English)                     | <input type="text"/>                                                          | <input type="text"/> |
|                                    | (Surname)                                                                     | (Given Name)         |
| Email                              | <input type="text"/>                                                          |                      |
| Confirm Email                      | <input type="text"/>                                                          |                      |
|                                    | (Notifications will be sent to this email throughout the application process) |                      |
| Last 4 Digits of Phone No.         | <input type="text"/>                                                          |                      |
| Confirm Last 4 Digits of Phone No. | <input type="text"/>                                                          |                      |
|                                    | (This 4-digit number will be used for verification during account activation) |                      |

 **Next** 

[Important Notices](#) [Privacy Policy](#) [System Maintenance](#) [Contact Us](#)

8. Fill in personal particulars

9. Click **Next** button



# Create New User Account - iAM Smart



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 Register Account for Licence Application

Please confirm your information.

User ID

Name (English)

Email

Last 4 Digits of Phone No.

Back

Confirm ✓

[Important Notices](#) [Privacy Policy](#) [System Maintenance](#) [Contact Us](#)

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



# Create New User Account - iAM Smart



**e-Licensing**  
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EN 繁

 **Register Account for Licence Application**

**Check your email inbox**



Your account has been created successfully.  
Please activate your account by following the activation instructions which have been sent to your email box.

[Didn't get the account activation procedure? Resend Email](#)

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

11. e-Licensing account is created.

Check your mailbox for 2 emails sent from [orphf.system@dh.gov.hk](mailto:orphf.system@dh.gov.hk)

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



# Create New User Account - iAM Smart



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

 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](mailto: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

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The Government of the Hong Kong Special Administrative Region

Account Activation

Please enter your Last 4 Digits of Phone No. in the system.

User ID ocean2

Last 4 Digits of Phone No.

Exit Next >>



# Create New User Account - iAM Smart



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iAM Smart

## Account Activation

Please setup your First Password and Second Password.

### Password tips:

Avoid using names, birthdays, phone num

## 15. Set up your passwords

### First Password

New Password

Confirm Password

#### Password Requirements :

1. Password length: 10 - 20 digits
2. Contains all of the following 3 character groups:
  - English uppercase characters (A through Z)
  - English lower case characters (a through z)
  - Numerals (0 through 9) OR non-alphabetic characters (exclude ^,()=&"'><|)

### Second Password

New Password

Confirm Password

#### Password Requirements :

1. Password length: 10 - 20 digits
2. Contains all of the following 3 character groups:
  - English uppercase characters (A through Z)
  - English lower case characters (a through z)
  - Numerals (0 through 9) OR non-alphabetic characters (exclude ^,()=&"'><|)

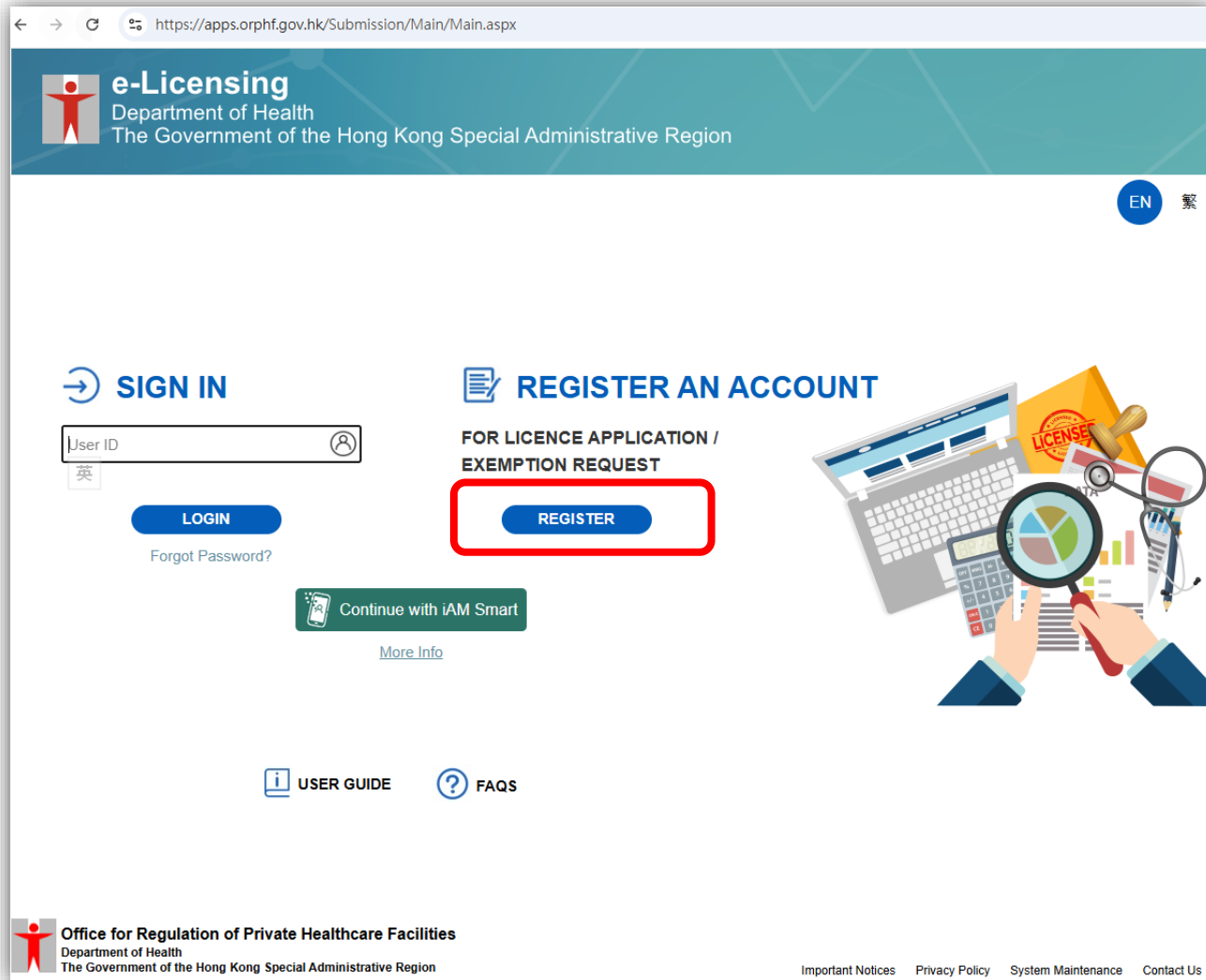
← Cancel and Exit

Activate Account ✓

## 16. Click activate account



# Create New User Account - Without iAM Smart



The screenshot shows the e-Licensing website interface. The header includes the e-Licensing logo and the text "Department of Health The Government of the Hong Kong Special Administrative Region". The main content area has two primary sections: "SIGN IN" and "REGISTER AN ACCOUNT". The "REGISTER AN ACCOUNT" section is highlighted with a red box and contains the text "FOR LICENCE APPLICATION / EXEMPTION REQUEST" and a "REGISTER" button. Below the "SIGN IN" section, there is a "User ID" input field, a "LOGIN" button, and a "Forgot Password?" link. A "Continue with iAM Smart" button is also present. At the bottom, there are links for "USER GUIDE" and "FAQS". The footer includes the "Office for Regulation of Private Healthcare Facilities" logo and text, along with links for "Important Notices", "Privacy Policy", "System Maintenance", and "Contact Us".

Click “Register”

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



User Guide for e-Licensing



# Clinic Licence Application



# Start a Clinic Licence Application

## Private Healthcare Facilities Ordinance (Cap. 633)

### Type of Licence

Clinic

#### - 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

← → ↻ https://apps.orphf.gov.hk/Submission/Main/Main.aspx

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Sign in your e-Licensing account

 **SIGN IN**


**LOGIN**  
[Forgot Password?](#)

 Continue with iAM Smart  
[More Info](#)

 **REGISTER AN ACCOUNT**  
**FOR LICENCE APPLICATION /  
EXEMPTION REQUEST**  
**REGISTER**



 **USER GUIDE**  **FAQS**

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[Important Notices](#) [Privacy Policy](#) [System Maintenance](#) [Contact Us](#)



# Start a Clinic Licence Application

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Department of Health  
The Government of the Hong Kong Special Administrative Region

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APPLICANT

Logout

My Application

Licence / Exemption Profile

User Guide

Useful Documents

## Licence Application

**New Licence** [Simple Guide for licence / exemption types](#)

I would like to apply for

- ☐ Hospital Licence
- ☐ Day Procedure Centre Licence
- ☒ Clinic Licence (Provisional and Full Licence)  
For Clinics in operation on 30 November 2018
- ☐ Clinic Licence (Full Licence)

Click 'My Application'

Choose either one

①

②

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)

**Application period\*:**  
**13 Oct 2025 – 13 April 2026**

## Clinic Licence (Full)

**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:

Read these documents

- 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.



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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

 **Application for Clinic Licence (Provisional and Full Licence)**  
**For Clinics in operation on 30 November 2018**

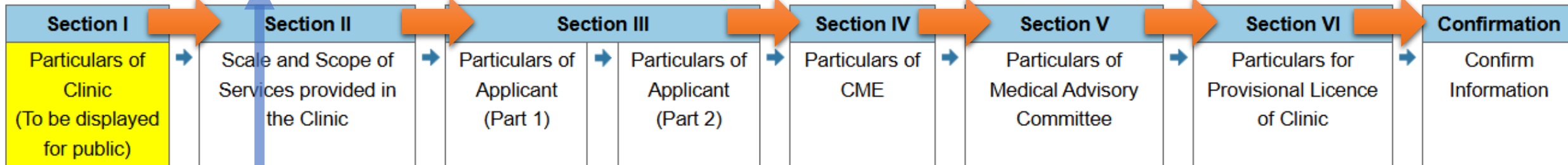
Reference No.

C2500132P

 [Forms / Documents](#)

Fill Demo Data

Print Draft



**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

## Application for Clinic Licence (Provisional and Full Licence) For Clinics in operation on 30 November 2018

Reference No.

C2500132P

 [Forms / Documents](#)

Fill Demo Data

Print Draft



### Section I

Particulars of  
Clinic  
(To be displayed  
for public)

### Section II

Scale and Scope of  
Services provided in  
the Clinic

### Section III

Particulars of  
Applicant  
(Part 1)

Particulars of  
Applicant  
(Part 2)

### Section IV

Particulars of  
CME

### Section V

Particulars of  
Medical Advisory  
Committee

### Section VI

Particulars for  
Provisional Licence  
of Clinic

### Confirmation

Confirm  
Information



# Start a Clinic Licence Application – Section I

## Input the clinic's information

|         |                                    |                                                                                        |
|---------|------------------------------------|----------------------------------------------------------------------------------------|
| a.      | Name of the Clinic in Chinese:     | <input type="text"/>                                                                   |
| b.      | Name of the Clinic in English:     | <input type="text"/>                                                                   |
| c. & d. | Address of the Clinic:             | <input type="button" value="Input Address"/>                                           |
| e.      | Telephone Number of the Clinic:    | <input type="text"/> (Telephone Number 1)<br><input type="text"/> (Telephone Number 2) |
| f.      | Fax Number of the Clinic:          | <input type="text"/>                                                                   |
| g.      | E-mail Address of the Clinic:      | <input type="text"/>                                                                   |
| h.      | Website of the Clinic:             | <input type="text" value="e.g. www.orphf.gov.hk"/>                                     |
| i.      | Type(s) of practice of the Clinic: | <input type="checkbox"/> Medical Practice<br><input type="checkbox"/> Dental Practice  |

## 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

Home | Text Size | 繁體 | 簡體 |  

 Office for Regulation of Private Healthcare Facilities  
Department of Health  
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[Search for a Facility](#) [List of Facilities](#) [About the Register](#) [Regulatory Actions](#) [Contact Us](#)

## Private Healthcare Facilities Register

Search for a Private Healthcare Facility (PHF)

PHF Type  District

 Reset  Search



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PHF Register



# Start a Clinic Licence Application – Steps to input address

a. Name of the Clinic in Chinese:

b. Name of the Clinic in English:

c. & d. Address of the Clinic:  **Step 1: Click input address**

e. Telephone Number of the Clinic:  (Telephone Number 1)  
 (Telephone Number 2)

f. Fax Number of the Clinic:

g. E-mail Address of the Clinic:

h. Website of the Clinic:

i. Type(s) of practice of the Clinic: ☐ Medical Practice  
☐ Dental Practice



# Start a Clinic Licence Application – Steps to input address

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

Building name / Street no. and name

Guardian House

Search 🔍

✕ Cancel

## Step 3: Select the correct building

Building name / Street no. and name

Guardian House

Search 🔍

Please select premises address from below:

|                                  | Matched Address (in English)                                  | Matched Address (in Chinese) |
|----------------------------------|---------------------------------------------------------------|------------------------------|
| <input checked="" type="radio"/> | GUARDIAN HOUSE, 32 OI KWAN ROAD, WAN CHAI DISTRICT, HONG KONG | 香港灣仔區愛群道32號愛群商業大廈            |

Page 1 of 1 (1 item(s))

✕ Cancel

Confirm Selection

## Step 4: Click “Confirm Selection”



# Start a Clinic Licence Application – Steps to input address

## Step 5: Input room numbers by floor level

| Floor & Unit |                                |                                 |                                      |                                      |                                                                                     |
|--------------|--------------------------------|---------------------------------|--------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------|
| (In Chinese) | <input type="text" value="2"/> | <input type="text" value="樓"/>  | <input type="text" value="202-204"/> | <input type="text" value="室"/>       |  |
| (In English) | <input type="text" value="2"/> | <input type="text" value="/F"/> | <input type="text" value="RM"/>      | <input type="text" value="202-204"/> |                                                                                     |
|              |                                |                                 |                                      |                                      | <button>Add Floor &amp; Unit</button>                                               |

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

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| 香港灣仔區愛群道32號愛群商業大廈2樓202-204室<br>(27/80)                                                     |
| RM 202-204, 2/F, GUARDIAN HOUSE, 32 OI KWAN ROAD, WAN CHAI DISTRICT, HONG KONG<br>(78/160) |
| <button>Change Address</button>                                                            |



# Clinic Licence Application

## *Section II*



# Start a Clinic Licence Application – Section II

## Application for Clinic Licence (Provisional and Full Licence) For Clinics in operation on 30 November 2018

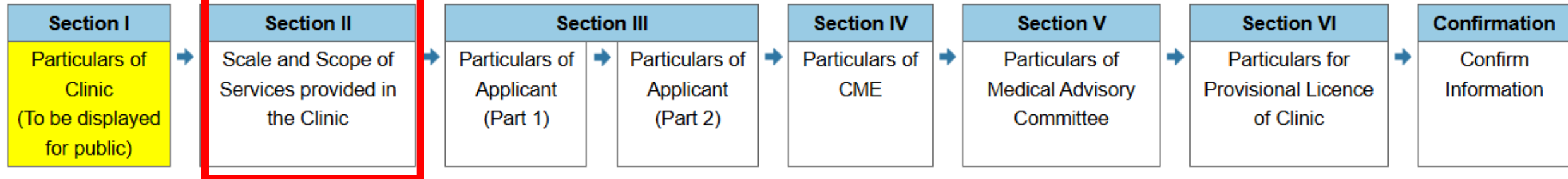
Reference No.

C2500132P

 [Forms / Documents](#)

Fill Demo Data

Print Draft



# 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                                                                            | <input type="text" value="0"/>                              |
| Designated room for medical procedures (excluding consultation rooms and operating rooms) | <input type="text" value="0"/>                              |
| Consultation room for doctor                                                              | <input type="text" value="0"/>                              |
| Consultation room for dentist                                                             | <input type="text" value="2"/>                              |
| Total                                                                                     | <input type="text" value="2"/><br>(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                                                                         | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Medical laboratory service                                                                             | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Occupational therapy service                                                                           | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Optometry service                                                                                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Radiology or imaging service                                                                           | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Physiotherapy service                                                                                  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Chiropractic service                                                                                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Chinese medicine service                                                                               | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Others (e.g. Audiology service, Speech therapy service, Dietetic service, Clinical psychology service) | <input type="radio"/> Yes <input checked="" type="radio"/> No |

[+ Add Other Service](#)

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)                                         | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Medical gas pipeline system is installed in this Clinic  | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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



# Clinic Licence Application

## *Section III*



# Start a Clinic Licence Application – Section III

## Application for Clinic Licence (Provisional and Full Licence) For Clinics in operation on 30 November 2018

|                                                       |                                                    |                                     |                                   |                                                                                                                 |                                           |                                               |                     |
|-------------------------------------------------------|----------------------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|---------------------|
| <b>Reference No.</b>                                  | C2500132P                                          | <a href="#">? Forms / Documents</a> | <a href="#">Fill Demo Data</a>    | <a href="#">Print Draft</a>  |                                           |                                               |                     |
| <b>Section I</b>                                      | <b>Section II</b>                                  | <b>Section III</b>                  |                                   | <b>Section IV</b>                                                                                               | <b>Section V</b>                          | <b>Section VI</b>                             | <b>Confirmation</b> |
| Particulars of Clinic<br>(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 CME                                                                                              | Particulars of Medical Advisory Committee | Particulars for Provisional Licence of Clinic | Confirm Information |



# 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

Copy applicant information from previous applications

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)

a. Type of Applicant:

☒ 1. Sole Proprietor  
☐ 2. Partnership  
☐ 3. Company / Organisation

b. Particulars of the Applicant

1. Full name in Chinese:   (Title)

2. Full name in English:  (Title)  (Surname)  (Given Name) ①

3. 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 --

4. & 5. Correspondence address (P.O. box not accepted):

6. Telephone Number:  (Office)  (Mobile)

7. Fax Number:

8. E-mail Address:

9. Retype E-mail Address:

②

### 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.



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)

a. Type of Applicant:

☐ 1. Sole Proprietor  
☒ 2. Partnership  
☐ 3. Company / Organisation

b. Particulars of the Authorized Partner

1. Full name in Chinese:   (Title)

2. Full name in English:  (Title)  (Surname)  (Given Name) ①

3. 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 --

4. & 5. Correspondence address (P.O. box not accepted):

6. Telephone Number:  (Office)  (Mobile)

7. Fax Number:

8. E-mail Address:

9. Retype E-mail Address:

②

### 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)

c. Information of Other Partners

|             |                                                                             |                                                      |                                                  |                      |
|-------------|-----------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|----------------------|
| Partner (2) | Full name in Chinese:                                                       | <input type="text"/>                                 | <input type="text" value="--"/>                  | <input type="text"/> |
|             |                                                                             | (Title)                                              |                                                  |                      |
|             | Full name in English:                                                       | <input type="text" value="--"/>                      | <input type="text"/>                             | <input type="text"/> |
|             |                                                                             | (Title)                                              | (Surname)                                        | (Given Name)         |
|             | Hong Kong Identity Card /<br>Passport (For non-Hong Kong<br>resident ONLY): | <input type="radio"/> Hong Kong Identity Card Number | <input type="text"/>                             | ( e.g. A123456(7) )  |
|             |                                                                             | <input type="radio"/> Passport Number                | <input type="text"/>                             |                      |
|             |                                                                             | Place of Issue                                       | <input type="text" value="-- Please select --"/> |                      |

|             |                                                                             |                                                      |                                                  |                      |
|-------------|-----------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|----------------------|
| Partner (3) | Full name in Chinese:                                                       | <input type="text"/>                                 | <input type="text" value="--"/>                  | <input type="text"/> |
|             |                                                                             | (Title)                                              |                                                  |                      |
|             | Full name in English:                                                       | <input type="text" value="--"/>                      | <input type="text"/>                             | <input type="text"/> |
|             |                                                                             | (Title)                                              | (Surname)                                        | (Given Name)         |
|             | Hong Kong Identity Card /<br>Passport (For non-Hong Kong<br>resident ONLY): | <input type="radio"/> Hong Kong Identity Card Number | <input type="text"/>                             | ( e.g. A123456(7) )  |
|             |                                                                             | <input type="radio"/> Passport Number                | <input type="text"/>                             |                      |
|             |                                                                             | Place of Issue                                       | <input type="text" value="-- Please select --"/> |                      |

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”

Copy applicant information from previous applications

a. Type of Applicant:

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

### 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)

a. Type of Applicant:

☐ 1. Sole Proprietor

☐ 2. Partnership

☒ 3. Company / Organisation

b. Type of Company / Organisation:

☐ 1. Company

☐ 2. Body Corporate other than a Company

Please specify:

☐ 3. Society

c. Please fill in one of the fields below according to the type of organisation:

- Business Registration Number 

- The Ordinance under which the Body Corporate is established (if applicable)

- Registration Number of Society

d. Name of the Company / Organisation in Chinese:

(As stated on Companies Registry /list under section 11(1) of the Societies Ordinance)

e. Name of the Company / Organisation in English:

(As stated on Companies Registry /list under section 11(1) of the Societies Ordinance)

f. & g. Address of the Company's registered office / Organisation:

h. Telephone Number:

i. Fax Number:

j. E-mail Address:

### 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
5. Telephone Number:  (Office),  (Mobile)
6. E-mail Address:
7. Retype E-mail Address:

### 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](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

### List of Directors / Officers / Members / Office-bearers

Copy director information from previous applications

#### List of Directors

|     |                                                                       |                                                                                                                                                         |        |
|-----|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (1) | Type of director:                                                     | Natural Person                                                                                                                                          | Remove |
|     | Full name in Chinese:                                                 |                                                                                                                                                         |        |
|     | Full name in English:                                                 | (Surname), (Given Name)                                                                                                                                 |        |
|     | Hong Kong Identity Card / Passport (For non-Hong Kong resident ONLY): | <input type="radio"/> Hong Kong Identity Card Number ( e.g. A123456(7) )<br><input type="radio"/> Passport Number<br>Place of Issue -- Please select -- |        |
| (2) | Type of director:                                                     | Body Corporate                                                                                                                                          | Remove |
|     | Name of the Company in Chinese:                                       |                                                                                                                                                         |        |
|     | Name of the Company in English:                                       |                                                                                                                                                         |        |
|     | Business Registration Number:                                         |                                                                                                                                                         |        |

+ Add Other Directors / Officers / Office-bearers

### 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 <b>have not</b> 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.                                                                                                                                                                                                                  | <input type="radio"/> Yes <input type="radio"/> No |
| b. I/We have <b>no</b> history of imprisonment in Hong Kong or elsewhere in the past 3 years.                                                                                                                                                                                                                                                                                             | <input type="radio"/> Yes <input type="radio"/> No |
| c. I am/We are <b>not</b> currently on non-custodial sentence e.g. probation order or community service order.                                                                                                                                                                                                                                                                            | <input type="radio"/> Yes <input type="radio"/> No |
| d. I/We <b>have not</b> been convicted of any offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 5 years.                                                                                                                                                                                                                                 | <input type="radio"/> Yes <input type="radio"/> No |
| e. I/We <b>have not</b> been convicted of any offence under the Ordinance with a fine at level 6 or above in the past 3 years.                                                                                                                                                                                                                                                            | <input type="radio"/> Yes <input type="radio"/> No |
| f. I/We <b>have not</b> become bankrupt or made a voluntary arrangement with the individual's creditors within the meaning of the Bankruptcy Ordinance (Cap. 6).                                                                                                                                                                                                                          | <input type="radio"/> Yes <input type="radio"/> No |
| g. In the past 5 years, I was/we were <b>neither</b> 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) <b>nor</b> a chief medical executive of any private healthcare facility.                                                                                                | <input type="radio"/> Yes <input type="radio"/> 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 <b>neither</b> had their licence suspended <b>nor</b> cancelled by the Director of Health. | <input type="radio"/> Yes <input type="radio"/> 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

## Application for Clinic Licence (Provisional and Full Licence) For Clinics in operation on 30 November 2018

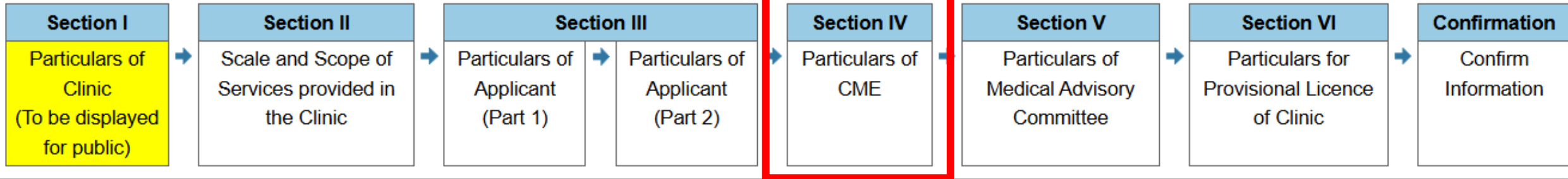
Reference No.

C2500132P

 [Forms / Documents](#)

Fill Demo Data

Print Draft



# 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

Copy CME information from previous applications

- a. Name of the Chief Medical Executive in Chinese  
(As stated on Hong Kong Identity Card):
- b. Name of the Chief Medical Executive in English  
(As stated on Hong Kong Identity Card):  (Surname),  (Given Name)
- c. Hong Kong Identity Card Number:   
( e.g. A123456(7) )
- d. Registration Number under Medical Registration Ordinance (Cap. 161):
- e. Year of First Registration under Medical Registration Ordinance (Cap. 161):
- f. Telephone Number:  (Office)  
 (Mobile)
- g. Fax Number:
- h. E-mail Address:
- 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



# 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.  $\geq 4$  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)*

## Application for Clinic Licence (Provisional and Full Licence) For Clinics in operation on 30 November 2018

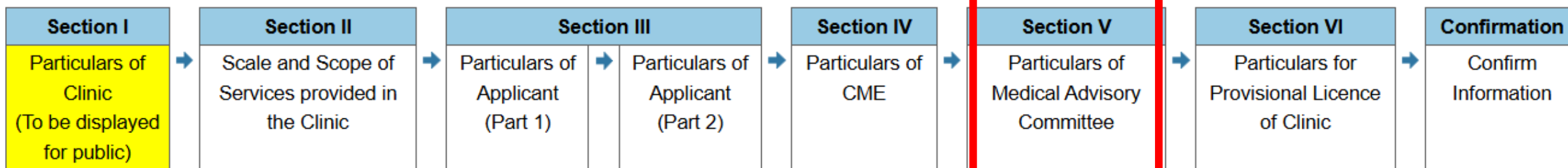
Reference No.

C2500132P

 [Forms / Documents](#)

Fill Demo Data

Print Draft



# 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 | <input type="radio"/> Yes <input type="radio"/> No |                                                                                       |
| 2                                     | Designation                                                                                        |                                                    |  |
|                                       | Name                                                                                               | (Title) --- ▾                                      |                                                                                       |



# Start a Clinic Licence Application – Section V

(If applicable)

**Clinic group (i.e.  $\geq 4$  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) <input type="text"/>                                        |  |
|                                       |                                                                                                    | (Eng) <input type="text"/> Surname, <input type="text"/> Given Name |  |
|                                       |                                                                                                    | (Chi) <input type="text"/> Chinese Name                             |  |
|                                       | Registration number of Medical Practitioner or Dentist (if applicable)                             | <input type="text"/>                                                |  |
|                                       | Specialty (if applicable)                                                                          | <input type="text"/>                                                |  |
|                                       | Is employed by or practising in any of the clinics operated by the applicant and the CME appointed | <input type="radio"/> Yes <input type="radio"/> No                  |  |



# Start a Clinic Licence Application – Section V

*(If applicable)*

**Clinic group (i.e.  $\geq 4$  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)*

## Application for Clinic Licence (Provisional and Full Licence) For Clinics in operation on 30 November 2018

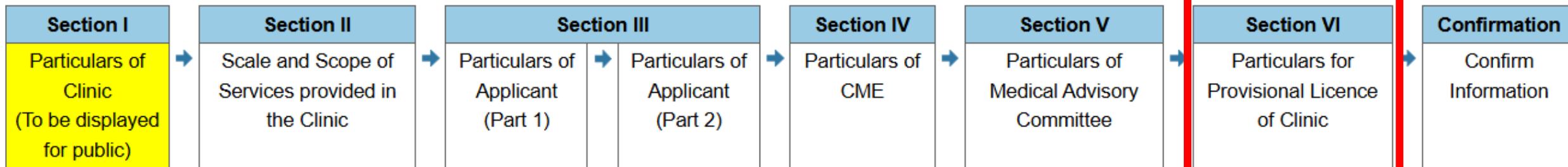
Reference No.

C2500132P

 [Forms / Documents](#)

Fill Demo Data

Print Draft



# 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, town gas)
  - (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, town gas)
  - (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:

- (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.

☐ Yes ☐ No

Click “No”

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

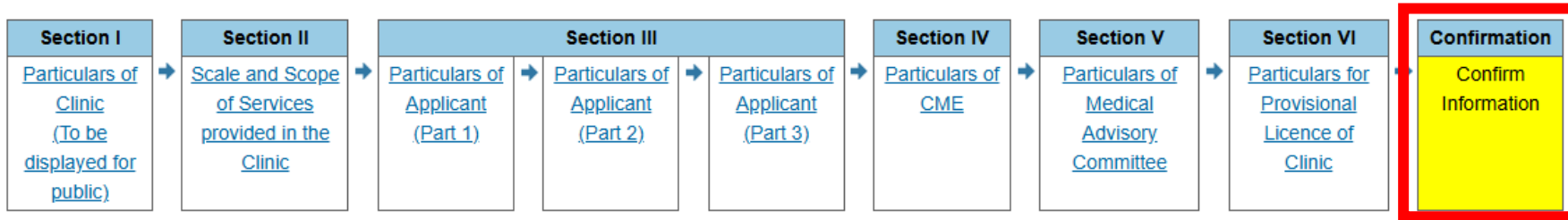


# Clinic Licence Application

## *Confirm information*



# Start a Clinic Licence Application – Confirmation



## 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 to the Department of Health through (i) electronic or (ii) paper channel.

| # | Checklist of Documents                                                                                                                                                                                                                                                            | Submission Channel                        |                |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------|
|   |                                                                                                                                                                                                                                                                                   | Electronic ①                              | Paper ①        |
| 1 | Application Form for Clinic Licence PHF 32                                                                                                                                                                                                                                        | <b>④</b> Sign and Submit via "iAM Smart+" | 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 <b>③</b>                                                                                                                         | 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 | <a href="#">Report for Application for Clinic Licence PHF 35</a> <b>①</b>                                                                                                                                                                                                         | Upload                                    |                |
| 6 | Proof of address on or before 30 November 2018<br>e.g. Photocopy of the Business Registration Certificate, bills issued by the utility companies (water, electricity, town gas)                                                                                                   | Upload                                    |                |
| 7 | Proof of providing clinic services issued no more than 1 year prior to 30 November 2018<br>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 | <a href="#">Checklist of documents of healthcare engineering systems and summary of healthcare engineering standard(s) / code(s) PHF 212#</a> <b>②</b>                                                                                                                            | 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

Is my practice eligible for  
the Letter of Exemption?

1

**It is a Clinic**  
*(not other premise type)*

2

**Fulfill the criteria  
of Small Practice Clinic**

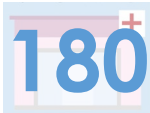
3

**Make Request for  
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 | <p>Operated by a <b>registered medical practitioner or registered dentist</b></p>  | <p>The partnership / company <b>having not more than 5 partners / directors</b></p> <p><b>All</b> partners / directors must be <b>registered medical practitioners or registered dentists</b></p>  |
|                                             | <p><b>No medical practitioners or dentists other than the operator(s) serve the clinic</b></p>                                                                       |                                                                                                                                                                                                                                                                                       |
| 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                           |                                                                                                                                                                      | <p><b>Not exceeding 60 days</b> in a calendar year per operator</p>                                                                                                                                |
|                                             |                                                                                                                                                                      | <p>The <b>aggregate</b> number of days <b>not exceeding 180 days</b> for all the partners or directors in a calendar year</p>                                                                    |

**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

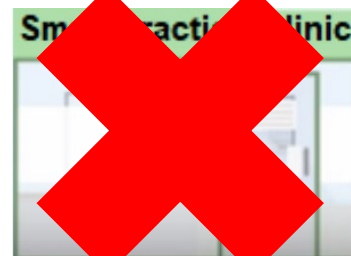
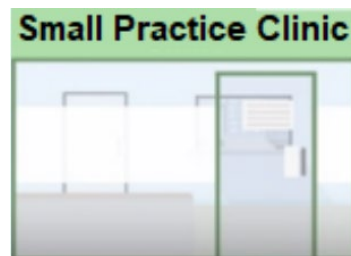
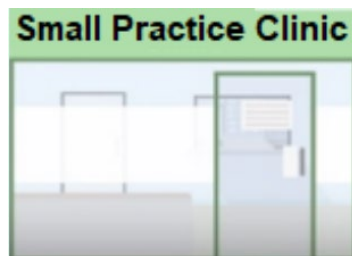
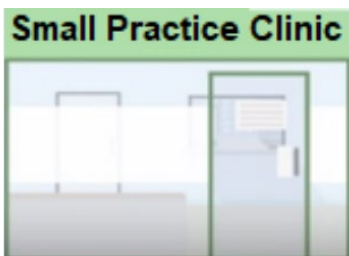
➤ **Not inappropriate** to carry on the practice in the clinic without a licence

- 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 town gas 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

e-Licensing

- 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+”

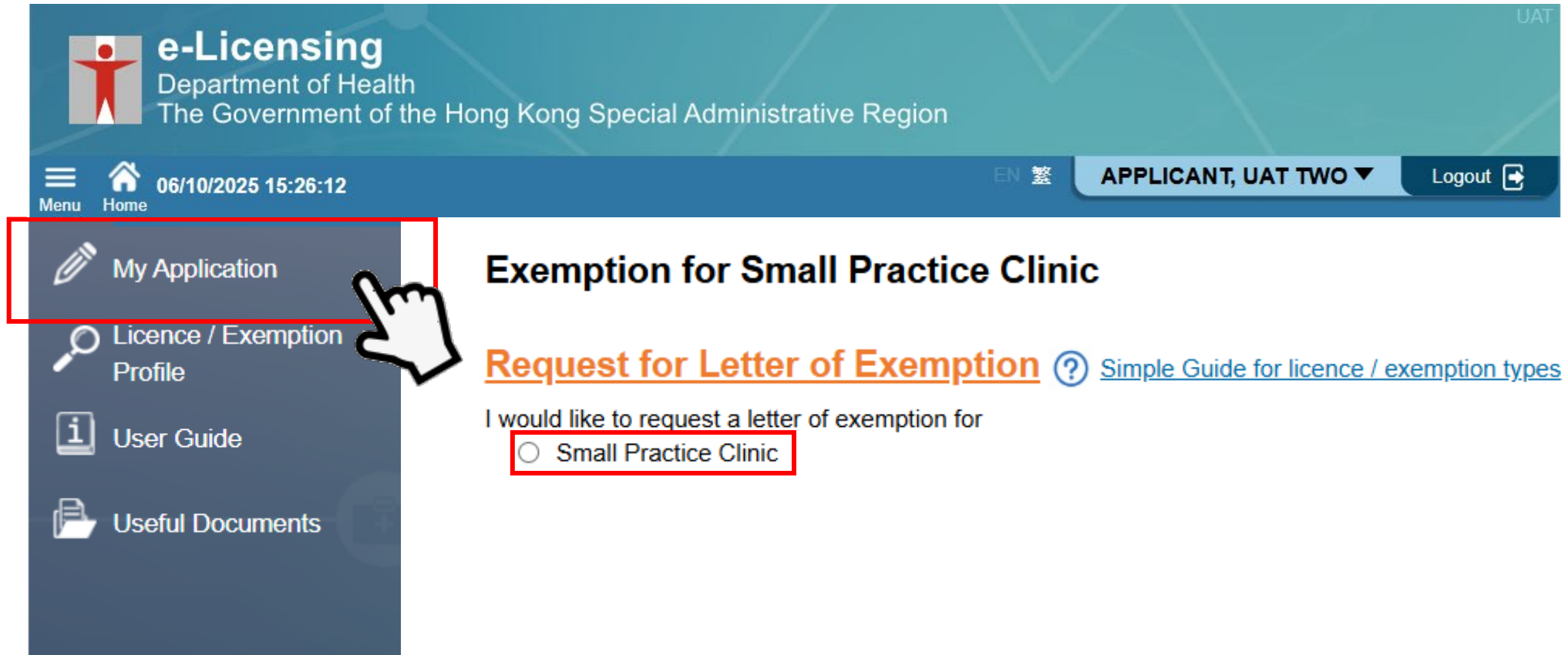


- All operators need to have an “iAM Smart+” account in order to sign the form digitally



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

Letter of  
Exemption



The screenshot displays the e-Licensing portal interface. The header includes the e-Licensing logo, the Department of Health, and the Government of the Hong Kong Special Administrative Region. The navigation bar shows the date and time (06/10/2025 15:26:12), the user role (APPLICANT, UAT TWO), and a Logout button. The left sidebar contains a menu with the following items: My Application (highlighted with a red box and a hand cursor), Licence / Exemption Profile, User Guide, and Useful Documents. The main content area is titled 'Exemption for Small Practice Clinic' and features a link for 'Request for Letter of Exemption' with a help icon. Below this, a form field is labeled 'I would like to request a letter of exemption for' with a radio button selected for 'Small Practice Clinic'.

**e-Licensing**  
Department of Health  
The Government of the Hong Kong Special Administrative Region

Menu Home 06/10/2025 15:26:12 EN 繁體 APPLICANT, UAT TWO Logout

**My Application**

Licence / Exemption Profile

User Guide

Useful Documents

## Exemption for Small Practice Clinic

[Request for Letter of Exemption](#) ? [Simple Guide for licence / exemption types](#)

I would like to request a letter of exemption for

☐ Small Practice Clinic



# 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

### 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 Practice 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.

1. Read these documents



SCAN ME

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

### Declaration

2. Tick this box



have read and understood the above notices.

3. Click 'Proceed'

Proceed >>

Back



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

Letter of  
Exemption

**e-Licensing**  
Department of Health  
The Government of the Hong Kong Special Administrative Region

UAT

 Menu  Home 06/10/2025 16:15:33

EN 

APPLICANT, UAT TWO ▼

Logout 



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



A new request has been created.

Reference No.

C250XXXXE

You can review the request form / track the progress anytime under "My Application".

Proceed >>



# 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                                                     | <a href="#">Print Draft</a>  |  |
| <b>Section I</b><br>Particulars of the Small Practice Clinic | <b>Section II</b><br>Declaration of the Small Practice Clinic | <b>Section III</b><br>Part 1: Particulars of the Operator(s)    Part 2: Declaration of the Operator(s)          |  |
| <b>Confirmation</b><br>Confirm Information                   |                                                               |                                                                                                                 |  |

**Section I - Particulars of the Small Practice Clinic**  
^To be displayed for public

[Copy information from previous requests](#)

a. Name of the Clinic in Chinese^:

b. Name of the Clinic in English^:

c. & d. Address of the Clinic^: [Input Address](#)

e. Telephone Number of the Clinic^:  (Telephone Number 1)  
 (Telephone Number 2)

f. Fax Number of the Clinic^:

g. E-mail Address of the Clinic^:

h. Type(s) of practice of the Clinic^: ☐ Medical Practice  
☐ Dental Practice

i. Date of operation commencement (only applicable to clinic not yet in operation):

[Back](#) [Save](#)  [Save and Continue](#) [»](#)



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

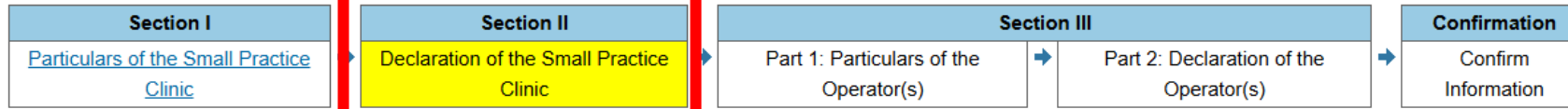
Letter of  
Exemption



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

Reference No. C250XXXXE

Print Draft



### Section 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 <b>not</b> form part of the premises of a hospital, a day procedure centre or an outreach facility                                                                                | <input type="radio"/> Yes <input type="radio"/> No |
| 2. This Clinic is used, or intended to be used, for providing medical services to patients, <b>without lodging</b>                                                                                    | <input type="radio"/> Yes <input type="radio"/> No |
| 3. This Clinic does <b>not</b> provide to any person a medical procedure that requires the person's continuous confinement within the clinic for more than 12 hours                                   | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Scheduled medical procedures listed in column 2 (excluding column 3) of Schedule 3 of the Ordinance are <b>not</b> performed in this Clinic                                                        | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Hospital-only medical procedures are <b>not</b> performed in this Clinic                                                                                                                           | <input type="radio"/> Yes <input type="radio"/> 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                                     | <input type="radio"/> Yes <input type="radio"/> 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 | <input type="radio"/> Yes <input type="radio"/> No |
| 8. This Clinic is a distinct and exclusive unit and is able to perform its functions independently                                                                                                    | <input type="radio"/> Yes <input type="radio"/> No |

Back

Save

Save and Continue



# 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**  
[Particulars of the Small Practice Clinic](#)

→

**Section II**  
[Declaration of the Small Practice Clinic](#)

→

**Section III**  
Part 1: Particulars of the Operator(s)

→

Part 2: Declaration of the Operator(s)

→

**Confirmation**  
Confirm Information

**Section III - Part 1: Particulars of the Operator(s)**  
^To be displayed for public

Copy information from previous requests

a. Type of Operator:

☐ 1. Sole Proprietor

☐ 2. Partnership

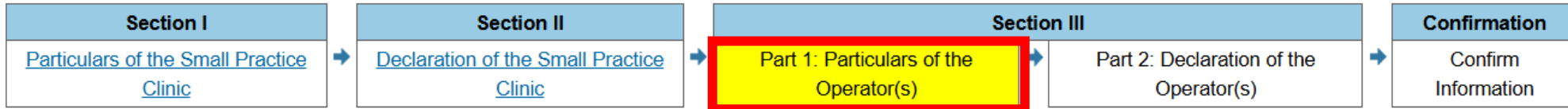
☐ 3. Company

Back Save  Save and Continue



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

Letter of  
Exemption



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):

8. Telephone Number:  (Office)  
 (Mobile)

9. Fax Number:

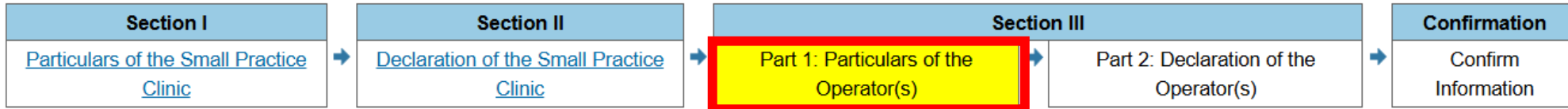
10. E-mail Address:

11. Retype E-mail Address:



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

Letter of  
Exemption



Partnership

- 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)

b. Particulars of the Authorized Partner

## 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<sup>A</sup>:  醫生  
(As stated on Hong Kong Identity Card):
2. Full name in English<sup>A</sup>: Dr    
(As stated on Hong Kong Identity Card): (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:

Copy information from previous requests

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:

d. Information of Other Partners

## Particulars of Other Partners (2<sup>th</sup> – 5<sup>th</sup>)

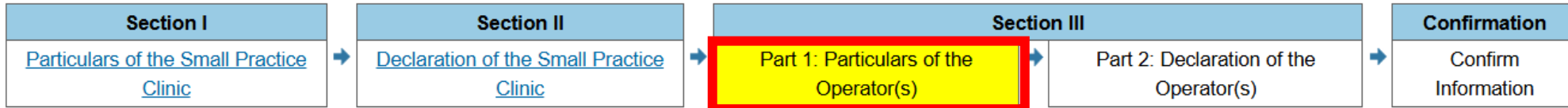
|             |                                                                                                                                                     |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Partner (2) | Full name in Chinese <sup>A</sup><br>(As stated on Hong Kong Identity Card): <input type="text"/> 醫生                                                |  |
|             | Full name in English <sup>A</sup><br>(As stated on Hong Kong Identity Card): Dr <input type="text"/> <input type="text"/><br>(Surname) (Given Name) |  |
|             | Hong Kong Identity Card Number: <input type="text"/> ( e.g. A123456(7) )                                                                            |  |
|             | Registration: <input type="radio"/> Registered Medical Practitioner<br><input type="radio"/> Registered Dentist                                     |  |
|             | Medical Council of Hong Kong / Dental Council of Hong Kong Registration Number: <input type="text"/>                                                |  |

+ Add Other Partner



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

Letter of  
Exemption



Company

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

Copy information from previous requests

b. Business Registration Number:

b. Business Registration Number: 

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:

3. Telephone Number:

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

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):

2. Full name in English^ (As stated on Hong Kong Identity Card):

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

4. Registration:

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

g. Information of Other Directors

Director (2)

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

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

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

Registration:

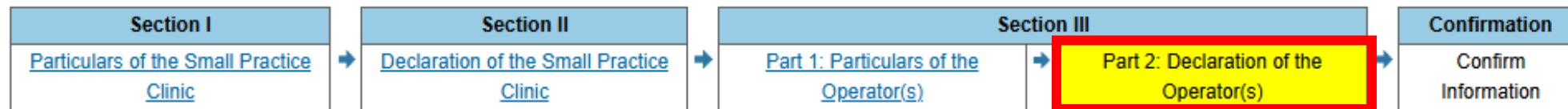
Medical Council of Hong Kong / Dental Council of Hong Kong Registration Number:

+ Add Other Director



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

Letter of  
Exemption



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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. I / We <b>have not</b> 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<sup>1</sup>.</p> <p>2. I / We <b>have not</b> been convicted of any offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 3 years<sup>2</sup>@.</p> <p>3. I / We <b>have not</b> been convicted of any offence under the Ordinance with a fine at level 6 or above in the past 1 year<sup>2</sup>@.</p> <p>4. In the past 3 years, I / we <b>have not</b> 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.</p> <p>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), <b>have neither had</b> their licence suspended nor cancelled by the Director of Health.</p> <p>6. I / We <b>have not</b> 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).</p> <p>7. I am / We <b>are not</b> currently in any of the following capacities (in whatever combination) for 3 or more of other exempted clinics –<br/>(i) the sole proprietor of an exempted clinic;<br/>(ii) a partner of a partnership operating an exempted clinic;<br/>(iii) a director of a company operating an exempted clinic.</p> <p>8. During my / our time as the operator(s) of (an)other exempted clinic(s), the exemption(s) for the clinic(s) <b>has never been</b> revoked by the Director of Health.</p> | <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | <p>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:<br/> <ul style="list-style-type: none"> <li>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)</li> <li>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</li> <li>The clinic has ceased to exist or be operated</li> <li>The clinic has ceased to be operated as a small practice clinic</li> </ul> </p> <p>10. I / We <b>have not</b> become bankrupt or made a voluntary arrangement with the individual's creditors within the meaning of the Bankruptcy Ordinance (Cap. 6).</p> <p>11. The company operating this Clinic <b>has not</b> commenced to be wound up or dissolved.</p> <p>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 <b>will not</b> exceed 60 days in a calendar year.</p> <p>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 <b>will not</b> exceed 180 days in a calendar year.</p> <p>14. There is <b>no</b> other director in the company apart from those reported.</p> <p>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.</p> <p>16. There are and will be <b>no</b> 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.</p> | <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Remark:

1. <sup>1</sup> The matter should be reported even if it is under appeal.  
 2. <sup>2</sup> @ Please refer to the Guidance Notes for details.



# 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

Print Draft



|                |                                                             |
|----------------|-------------------------------------------------------------|
| Reference No.  | C250XXXXE                                                   |
| Request Type   | Letter of Exemption for Small Practice Clinic - New Request |
| Request Status | Temporarily Saved                                           |

### Important Notice

Please confirm that the information below has been filled correctly. The information cannot be amended once you proceed with confirm information on this page.

#### 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: 香港灣仔區愛群道32號愛群商業大廈
- e. Address of the Clinic in English: GUARDIAN HOUSE, 32 OI KWAN ROAD, WAN CHAI DISTRICT, HONG KONG
- 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

#### Section II - Declaration of the Small Practice Clinic

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

Back

Confirm Information >>



# 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.

Back

Proceed

Remove Request



# 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. | Request Type                                                            | Request Status |
|---------------|-------------------------------------------------------------------------|----------------|
|               | Request for Letter of Exemption for Small Practice Clinic - New Request | Pending        |

Electronic Submission

Confirmation

You have selected electronic submission.

Please prepare the electronic proof of address for upload and prepare your "iAM Smart" mobile application to digitally sign the form.

You cannot change the route of submission after confirmation on this page. If you fail to submit your request electronically, you will need to fill another request form.

Press "Confirm" to proceed.

Cancel

Confirm

Submit by Post or In-person

Confirmation

You have selected to submit by post or in-person.

Please prepare a physical copy of the proof of address. If the request is submitted 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.

You cannot change the route of submission after confirmation on this page. If you cannot submit your request by post or in-person, you will need to fill another request form electronically.

Press "Confirm" to proceed.

Cancel

Confirm

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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Proceed

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# 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                                                                                                                                                                                                                                                                                                                                                                                                 |
| 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)<br><br>e.g. bills or invoices issued by utility companies (i.e. water, electricity or town gas suppliers) or record of procurement / maintenance of drugs / medical equipment <b>within the last three months from the request date</b> , copy of a valid Business Registration Certificate, etc.<br><br><i>Provide upon submission of the request form</i> |

Sign and Submit  
via "iAM Smart+"

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 practice only)*

Phone: (852) 3107 3131

E-mail: [orphf\\_spc@dh.gov.hk](mailto: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](mailto:drleo@dh.gov.hk)



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Remove Request



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# 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.  | Upload |  |
| Request Type   |        |  |
| Request Status |        |  |

Your request has **NOT** been submitted

|   |                                                                                                                                                      |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | PHF 51 Request for Letter of Exemption                                                                                                               |
| 2 | Proof of address of the clinic<br>e.g. bills or invoices issued<br>medical equipment within the last 12 months<br>Provide upon submission of request |

**Document:** Proof of address of the clinic with the name of the clinic or the operator (sole proprietor, one of the partners / directors or company)

**Format:** PDF / Image (jpg)

Drag your file here

Browse

Each file cannot exceed 10MB.

Cancel

Confirm

|                                    |                                  |
|------------------------------------|----------------------------------|
|                                    | Sign and Submit via "iAM Smart+" |
| company)                           | Upload                           |
| aintenance of drugs /<br>ite, etc. |                                  |

For enquiries, please contact the

Quality and Standards Division, (C)  
Phone: (852) 3107 3131  
E-mail: [orphf\\_spc@dh.gov.hk](mailto: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](mailto:drleo@dh.gov.hk)

dical practice or both medical and dental practice)

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# 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.

|                |                                                             |
|----------------|-------------------------------------------------------------|
| 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                                                                                                                                                                                                                                                                                                                                                                                         |
| 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)<br>e.g. bills or invoices issued by utility companies (i.e. water, electricity or town gas suppliers) or record of procurement / maintenance of drugs / medical equipment <b>within the last three months from the request date</b> , copy of a valid Business Registration Certificate, etc.<br><i>Provide upon submission of the request form</i> |

Sign and Submit  
via "iAM Smart+"

Test.jpg

View

Remove

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: [orpha\\_spc@dh.gov.hk](mailto:orpha_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](mailto:drleo@dh.gov.hk)

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# 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.

|                |                                                             |
|----------------|-------------------------------------------------------------|
| 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                                                                                                                                                                                                                                                                                                                                                                                         |
| 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)<br>e.g. bills or invoices issued by utility companies (i.e. water, electricity or town gas suppliers) or record of procurement / maintenance of drugs / medical equipment <b>within the last three months from the request date</b> , copy of a valid Business Registration Certificate, etc.<br><i>Provide upon submission of the request form</i> |

Sign and Submit  
via "iAM Smart+"

Test.jpg

View

Remove

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](mailto: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](mailto:drleo@dh.gov.hk)

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# 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.

Sign and Submit

Reference No.

Request Type

Request Status

☒ Sign the document now as the Authorized Partner

☐ Send email to inputted address below to ask for signing

Your request has **NC**

|   |                                                                           |
|---|---------------------------------------------------------------------------|
| 1 | PHF 51 Reque                                                              |
| 2 | Proof of addres<br>e.g. bills or invc<br>medical equipm<br>Provide upon s |

| Tick to send             | Name                                | Email | Status          |
|--------------------------|-------------------------------------|-------|-----------------|
| <input type="checkbox"/> | CHAN, APPLE<br>(Authorized Partner) |       | Pending to sign |
| <input type="checkbox"/> | LEE, BANANA                         |       | Pending to sign |
| <input type="checkbox"/> | CHAN, PEAR                          |       | Pending to sign |

 Cancel

Confirm 

 Continue with iAM Smart

Sign and Submit

iAM Smart+

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Remove

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](mailto: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](mailto:drleo@dh.gov.hk)

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Remove Request 



# 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 Clinics - New Request

 The file has been successfully uploaded.

| Reference No.  |
|----------------|
| Request Type   |
| Request Status |

Your request has **NOT** been submitted.

|   |                                                                                                                               |
|---|-------------------------------------------------------------------------------------------------------------------------------|
| 1 | PHF 51 Request for Letter of Exemption                                                                                        |
| 2 | Proof of address of the clinic<br>e.g. bills or invoices issued<br>medical equipment within the<br>Provide upon submission of |

For enquiries, please contact the  
Quality and Standards Division, (852) 3107 3131  
E-mail: [orphf\\_spc@dh.gov.hk](mailto:orphf_spc@dh.gov.hk)  
Dental Regulatory and Law Enforcement  
Phone: (852) 2631 1782  
E-mail: [drleo@dh.gov.hk](mailto:drleo@dh.gov.hk)

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Sign your application with "iAM Smart"

**Your Information:**  
Chinese Name: 陳小文  
English Name: CHAN, SIU MAN

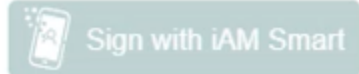
You are going to sign the following form.  
Please review once before signing:  
[View the form](#) [View the file\(s\) uploaded](#)  
(Please allow pop-up for our website)

**Department name:**  
Department of Health

**Service name:**  
ORPHF - e-Licensing

**Document name:**  
Request for Letter of Exemption for Small Practice Clinics PHF 51 (C2500794E)

 Quit Digital Signing

 Sign with iAM Smart  
[More Info](#)  
(Please view the document(s) first)

[Sign and Submit via "iAM Smart+"](#)

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[Remove Request](#) 



# 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 Clinics - New Request

**Sign your application with "iAM Smart"**

 The file has been uploaded successfully.

| Reference No.  |
|----------------|
| Request Type   |
| Request Status |

Your request has **NOT** been submitted.

| Item No. | Description                                                                                                                                                            |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1        | PHF 51 Request for Letter of Exemption                                                                                                                                 |
| 2        | Proof of address of the clinic<br>e.g. bills or invoices issued by the clinic<br>medical equipment within the last 12 months<br>Provide upon submission of the request |

For enquiries, please contact the Licensing Officer (LO) in the Quality and Standards Division, O

Phone: (852) 3107 3131  
E-mail: [orphf\\_spc@dh.gov.hk](mailto:orphf_spc@dh.gov.hk)

Dental Regulatory and Law Enforcement Division (DRLEO)  
Phone: (852) 2631 1782  
E-mail: [drleo@dh.gov.hk](mailto:drleo@dh.gov.hk)

**Your Information:**  
Chinese Name: 陳小文  
English Name: CHAN, SIU MAN

You are going to sign the following form.  
Please review once before signing:

[View the form](#) [View the file\(s\) uploaded](#)  
(Please allow pop-up for our website)

**Department name:**  
Department of Health

**Service name:**  
ORPHF - e-Licensing

**Document name:**  
Request for Letter of Exemption for Small Practice Clinics PHF 51 (C2500794E)

[Sign and Submit via "iAM Smart+"](#)

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

Letter of  
Exemption

Electronic  
Submission



iAM Smart

English ▾

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Log in with iAM Smart :

1. Please open iAM Smart App in your mobile
2. Tap the scan button in iAM Smart App
3. Scan the QR Code



# 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.

| Reference No.  | Sign and Submit                                                                          |                          |                                     |                                               |                 |
|----------------|------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------|-----------------|
| Request Type   | <input type="radio"/> Sign the document now as the Authorized Partner                    |                          |                                     |                                               |                 |
| Request Status | <input checked="" type="radio"/> Send email to inputted address below to ask for signing |                          |                                     |                                               |                 |
|                |                                                                                          | Click to send            | Name                                | Email                                         | Status          |
| 1              |                                                                                          | <input type="checkbox"/> | CHAN, APPLE<br>(Authorized Partner) | <input type="text" value="XXXXX@dh.gov.hk"/>  | Pending to sign |
| 2              |                                                                                          | <input type="checkbox"/> | LEE, BANANA                         | <input type="text" value="YYYYYY@dh.gov.hk"/> | Pending to sign |
|                |                                                                                          | <input type="checkbox"/> | CHAN, PEAR                          | <input type="text" value="ZZZZZ@dh.gov.hk"/>  | Pending to sign |

Your request has N

|   |                                                                        |
|---|------------------------------------------------------------------------|
| 1 | PHF 51 Requ                                                            |
| 2 | Proof of addre<br>e.g. bills or inv<br>medical equip<br>Provide upon : |

and Submit  
iAM Smart+™  
g  
Remove

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](mailto: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](mailto:drleo@dh.gov.hk)

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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                                                                                                                                                                                                                                                                                                                                                                                                 |
| 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)<br><br>e.g. bills or invoices issued by utility companies (i.e. water, electricity or town gas suppliers) or record of procurement / maintenance of drugs / medical equipment <b>within the last three months from the request date</b> , copy of a valid Business Registration Certificate, etc.<br><br><i>Provide upon submission of the request form</i> |
| 3                      | Copies of Hong Kong identity cards and copies of valid practising certificates of all operators<br><br><i>Provide upon submission of the request form</i>                                                                                                                                                                                                                                                                                                                                            |

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](mailto:drleo@dh.gov.hk)



Clinic address proof



HKID Copies



Practising Certificates

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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

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) 回覆  
C250XXXXE 醫療署

《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：

- 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）。
- 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。
- 請在適當的方格內填上「✓」號。
- \*刪去不適用者。

Note:

- Please read the Guidance Notes on Request for Letter of Exemption for Small Practice Clinics (the “Guidance Notes”) PHF(E) 51A before filling in this form.
- Submission of this request must be accompanied by all applicable documents. Otherwise, the Department of Health (“DH”) may be unable to process this request.

Please tick in the appropriate box.

\*Delete as appropriate.

重要提示：

根據《私營醫療機構條例》(第633章) (《條例》)，任何人提交本要求時作出虛假或誤導性陳述或提供虛假或誤導性資料，有機會構成罪行。

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.

現謹根據《私營醫療機構條例》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）<br>Date of operation commencement (only applicable to clinic not yet in operation) 日 DD / 月 MM / 年 YYYY                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |          |
| 診所名稱 <sup>^</sup> Name of the clinic <sup>^</sup><br>(中文 Chinese) 示範健康診所                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (英文 English) Demo Healthy Clinic                                                             |          |
| 診所地址（下稱“有關處所”） <sup>^</sup> （須提供中文及英文地址）<br>Address of the clinic (hereinafter referred to as “the Premises”) <sup>^</sup> (Both Chinese and English address required) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |          |
| 地址：香港灣仔區愛群道32號愛群商業大廈<br>Address: GUARDIAN HOUSE, 32 OI KWAN ROAD, WANG CHAI DISTRICT, HONG KONG                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |          |
| 須提交文件<br>Document to be submitted                                                                                                                                      | 列有診所或營辦人名稱（獨資營辦人、合夥人、公司或公司名稱）的診所地址證明（例如：在提交本要求日期前三個月內的水 / 煤供單、收據、發票或藥物 / 醫療儀器購買 / 維修記錄、商業登記證副本）<br>Proof of address of the clinic (the name of the clinic or the operator (sole proprietor, one of the partners / director or company (e.g. sole proprietor or limited company) issued by utility companies (i.e. water, electricity or telephone) or receipt of payment / maintenance of drugs / medical equipment within the last three months from the date of submitting this request, copy of a valid Business Registration Certificate, etc.) |                                                                                              |          |
| 診所聯絡資料 <sup>^</sup> Contact information of the clinic <sup>^</sup>                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |          |
| 電話號碼<br>Telephone number                                                                                                                                               | 33445566                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 傳真號碼<br>Fax number                                                                           | 33445566 |
| E-mail address a@newclinic.com                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |          |
| 診所類別<br>Type(s) of practice of the clinic <sup>^</sup>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |          |
| 醫科執業 Medical Practice <input checked="" type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 牙科執業 Dental Practice <input checked="" type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No |          |

<sup>^</sup> 供公眾閱覽  
To be displayed for public



## Letter of Exemption

| <div> <div> <div>第四部分</div> <div>營辦人聲明</div> </div> <div> <div>Section IV</div> <div>Declaration of the operator(s)</div> </div> </div>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 本人 / 吾等 謹此聲明:                                                                                                                                                                      | I / We hereby declare that –                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. 有關處所用診所用途是符合相關政府相契的條款。本人 / 吾等明白此乃本人 / 吾等的責任確保有關處用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實無訛。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時根據《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）以書面通知衛生署。                       | 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. <u>（適用於由 公司 營辦的小型執業診所）</u><br>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）以書面通知衛生署。                                                                                 | 5. <u>（For SPC operated by a <u>company</u> only）</u><br>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. <u>（適用於由合夥 / 公司 營辦的小型執業診所）</u><br>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事宜及日後有關本診所的事宜。                                                                                  | 6. <u>（For SPC operated by a <u>partnership / company</u> only）</u><br>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」，給予衛生署署長不少於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，或本人 / 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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# 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:<br>地址:<br><br>(In-person submission/<br>By post)<br>(親身提交/郵寄) | Dental Regulatory and Law Enforcement<br>Office<br>Dental Services, Department of Health<br>Room 1801, 18/F, Guardian House,<br>32 Oi Kwan Road,<br>Wan Chai, Hong Kong                                                                                                                                                                                                                                    | 香港 灣仔 愛群道32號<br>愛群商業大廈 18樓 1801室<br>衛生署 牙科服務<br>牙科規管及執法辦公室 |
| Form submission time:<br>交表時間:<br>(親身提交)                               | <b><u>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.</u></b><br><br><b><u>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。</u></b> |                                                            |
| Office Tel:<br>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

**e-Licensing**  
Department of Health  
The Government of the Hong Kong Special Administrative Region

06/10/2025 17:31:09

EN

APPLICANT, UAT ONE

Logout

Menu

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My Application

Licence / Exemption Profile

User Guide

Useful Documents

 **My Application**

In Progress Record (589) Application History (223)

| Reference No. ▲           | PHF Name                | Application Type                                            | Status             | Remark |
|---------------------------|-------------------------|-------------------------------------------------------------|--------------------|--------|
| <a href="#">C2400011</a>  | test                    | Clinic Licence (Full Licence) - New Application             | Temporarily Saved  |        |
| <a href="#">C2400016E</a> | Demo Healthy Clinic     | Letter of Exemption for Small Practice Clinic - New Request | Pending Submission |        |
| <a href="#">C2400017E</a> | Demo Healthy Clinic     | Letter of Exemption for Small Practice Clinic - New Request |                    |        |
| <a href="#">C2400018E</a> | Operator clinic         | Letter of Exemption for Small Practice Clinic - New Request | Pending Submission |        |
| <a href="#">C2400019E</a> | Operator Healthy Clinic | Letter of Exemption for Small Practice Clinic - New Request | Pending Submission |        |
| <a href="#">C2400020E</a> | Demo Healthy Clinic2    | Letter of Exemption for Small Practice Clinic - New Request | Result Pending     |        |
| <a href="#">C2400024E</a> | N/A                     | Letter of Exemption for Small Practice Clinic - New Request | Temporarily Saved  |        |
| <a href="#">C2400025E</a> | Demo Healthy Clinic     | Letter of Exemption for Small Practice Clinic - New Request | Temporarily Saved  |        |
| <a href="#">C2400026E</a> | Demo Healthy Clinic     | Letter of Exemption for Small Practice Clinic - New Request | Pending Submission |        |
| <a href="#">C2400027E</a> | Demo Healthy Clinic     | Letter of Exemption for Small Practice Clinic - New Request | Pending Submission |        |

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# 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

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# 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，  
請使用衛生署@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.



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

衛生署  
DEPARTMENT OF HEALTH



Office for Regulation of Private Healthcare Facilities  
Department of Health  
The Government of the Hong Kong Special Administrative Region

Search for a  
Facility

List of  
Facilities

About the  
Register

Regulatory  
Actions

Contact Us

## Private Healthcare Facilities Register

Search for a Private Healthcare Facility (PHF)

PHF Type

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District

All

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Search



# October to December Briefing Sessions

DENTAL REGULATORY AND LAW ENFORCEMENT OFFICE

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持牌人有責!  
14 & 28  
NOVEMBER

**第三章:**  
守護! 病人有權益  
價錢要清晰!  
5 & 19  
DECEMBER

**ENROLMENT  
FIRST COME FIRST SERVE**



 2631 1782  drleo@dh.gov.hk

## WE CONNECT AT DENTAL REGULATORY AND LAW ENFORCEMENT OFFICE

**1** 24/10/2025 1pm  
牌照申請指南針  
with Ronald

**2** 21/11/2025 1pm  
牌照? 豁免書? 謎團逐一破  
with Tony

**3** 12/12/2025 1pm  
巡查唔使慌  
with Matthew

**ENROLMENT  
LIMITED SPOTS**



 2631 1782  drleo@dh.gov.hk



# 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](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](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](http://www.orphf.gov.hk)



For dental-related enquiries,

- Tel.: 2631 1782
- Email: [drleo@dh.gov.hk](mailto:drleo@dh.gov.hk)

