



《私營醫療機構條例》(第633章) 醫院牌照申請
Application of Hospital Licence
under the Private Healthcare Facilities Ordinance (Cap. 633)

醫院醫務行政總監聲明書
Declaration by the Chief Medical Executive of a Hospital

醫院名稱 Name of Hospital	
醫院地址 Hospital Address	

本人謹此聲明[†] –

I hereby declare that –

1. 本人已獲委任為上述醫院（下稱“本醫院”）的醫務行政總監。
I have been appointed to be the Chief Medical Executive (CME) of the above-mentioned hospital (referred to hereinafter as “this hospital”).
2. 本人已在香港註冊為一名醫生至少 15 年。
I have been a registered medical practitioner in Hong Kong for at least 15 years.
3. 本人過去 5 年沒有在香港或其他地方被裁定觸犯刑事罪行而被判處監禁（不論是否獲判緩刑）。
I **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.
4. 本人過去 3 年在香港或其他地方沒有在囚紀錄。
I have **no** history of imprisonment in Hong Kong or elsewhere in the past 3 years.
5. 本人並非正在接受非囚禁刑罰，如感化令或社會服務令。
I am **not** currently on non-custodial sentence e.g. probation order or community service order.
6. 本人從未被裁定觸犯《私營醫療機構條例》(第 633 章)（《條例》）所訂罪行而被判處為期超過 3 個月而又不得選擇以罰款代替的監禁（不論是否獲判緩刑）。
I have **never** been convicted of any offence under the Private Healthcare Facilities Ordinance (Cap. 633) (“the Ordinance”) with a sentence to imprisonment (whether suspended or not) for a term exceeding 3 months without the option of a fine.
7. 本人過去 5 年沒有被裁定觸犯《條例》所訂罪行而被判處監禁（不論是否獲判緩刑）。
I **have not** been convicted of any offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 5 years.
8. 本人過去 3 年沒有被裁定觸犯《條例》所訂罪行而被判處第 6 級或以上罰款。
I **have not** been convicted of any offence under the Ordinance with a fine at level 6 or above in the past 3 years.
9. 過去 5 年 In the past 5 years –
 - (i) 本人作為私營醫療機構的持牌人或醫務行政總監期間，該私營醫療機構沒有被衛生署署長暫時吊銷或撤銷私營醫療機構牌照；或
The private healthcare facilities during which I was the licensee or CME, have **neither** had their licence suspended **nor** cancelled by the Director of Health; or
 - (ii) 本人沒有作為任何私營醫療機構的持牌人（不論以獨資經營人、合夥人、或以公司或團體的董事/高級人員/成員/幹事形式）或醫務行政總監。
I was **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 or organization) **nor** a CME of any private healthcare facility.

[†]不論事件是否正在上訴 No matter if the case is under appeal or not

10. 本人過去 5 年沒有被任何在香港或其他地方的法定規管機構裁定犯了專業方面的失當行為而被停牌（不論是否獲判緩刑）。
- In the past 5 years, I **have not** been found guilty of professional misconduct by any statutory regulatory authority resulting in removal, or removal with suspension from the register in Hong Kong or elsewhere.
11. 本人承諾不會同時在另一間私營醫療機構擔任醫務行政總監。
- I undertake that I **will not** serve at the same time as a CME of another private healthcare facility.
12. 本人承諾全權負責本醫院所有服務的日常運作。
- I undertake that I am responsible for the day to day operation of all services provided in this hospital.
13. 本人承諾在擔任持牌私營醫療機構的醫務行政總監期間，如在香港或其他地方被裁定犯刑事罪行而被判處監禁，或被任何在香港或其他地方的法定規管機構裁定犯了專業方面的失當行為而被停牌，不論是否獲判緩刑或事件正在上訴，本人會於得悉被定罪或被裁定專業失當後的 1 個月內，將有關詳情（包括但不限於醫生姓名、身份證號碼、醫生註冊編號、定罪日期/裁定專業失當日期、停牌日期）以書面通知衛生署私營醫療機構規管辦公室。
- I undertake that while I am serving as the CME of a licensed private healthcare facility under the Ordinance, if I am convicted of a criminal offence with a sentence to imprisonment or have been found guilty of professional misconduct by any statutory regulatory authority resulting in removal from the register in Hong Kong or elsewhere, no matter if the sentence is suspended or the case is under appeal, I will notify the Office for Regulation of Private Healthcare Facilities of the Department of Health in writing the relevant details (including but not limited to the name and identity number of medical practitioner, medical practitioner registration number, date of conviction/being found guilty of professional misconduct, date of removal from the register) within 1 month after I become aware of the conviction or being found guilty of professional misconduct.
14. 本人明白，根據《條例》第 93 條的規定，任何人在申請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。本人聲明，據本人所知，上述填報的所有資料均屬真確無訛。另外，本人承諾和保證，根據《條例》第 55(2)(c)條向衛生署署長提供的資料及文件（不論是否本人管有的資料），在各方面均屬真實、最新、準確及完整。
- I understand that according to section 93 of 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. I declare that all information provided above is true and correct to the best of my knowledge. I also undertake and warrant that all information and documents (to be) supplied to the Director of Health under section 55(2)(c) of the Ordinance (whether in my possession or not) are true, up-to-date, accurate and complete in all respects.

醫務行政總監姓名 :
Name of CME

香港身分證號碼 :
Hong Kong Identity Card Number

醫生註冊編號(普通科) Medical Practitioner :
Registration Number (General Register)

日期 Date: ____/____/____
日 DD 月 MM 年 YYYY

醫務行政總監簽署 Signature of CME