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| To:  | Central Registration Office, Boards & Councils Office, Department of Health17/F, Wu Chung House, 213 Queen’s Road East, Wanchai, Hong Kong***(Please mark “Application for Recognition as an Advanced Practice Midwife” in the envelope)*** |

**Applications for Recognition as Advanced Practice Midwives**

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

 The applications for recognition as advanced practice midwives are submitted on behalf of the applicants. One set of the following documents for each applicant is also enclosed:

1. a duly completed application form for recognition as an advanced practice midwife in Hong Kong;
2. a **true** **copy** of graduation certificate / transcripts of studies showing that the applicant concerned has obtained a Master degree in Midwifery, or a Master degree in health related stream, if any, and where applicable, a **true copy** of the qualifications assessment report issued by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications, **certified** by our organisation;
3. a **true copy** of proof of completion of a total of 60 hours of the specialised midwifery courses, **certified** by our organisation, if any;
4. a **true copy** of diploma of fellowship of the Hong Kong Academy of Nursing (“HKAN”) in the specialty of Midwifery **certified** by the HKAN / our organisation, if any;
5. **original and/or true copy** of documentary proof(s) certifying that the applicant possessed six years of full time post-registration experience in midwifery practice immediately prior to the application, **issued and/or certified** by the applicant’s employer(s); and
6. an **original** declaration form completed not more than six months before the application for recognition.

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| Signature: |  |
| Name:  |  |
|  Position: |  *(in block letters)* |
|  Name of organisation: |  |
| Date : |  |

**Appendix**

**List of Applicants Qualified for Recognition as Advanced Practice Midwives**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name in English** | **Name in Chinese** | **Registration Number** | **Year of Registration** | **Academic /** **Professional Qualifications****Note 1** | **Experience in midwifery practice****Note 2****(e.g. 7 Y 3 M)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

**Notes:**

1. Please fill in either (a), (b) or (c) with reference to the following:
2. the applicant has obtained a Master degree in Midwifery; or
3. the applicant has obtained a Master degree in health related stream AND completed a total of 60 hours of the specialised midwifery courses as recognised by the Council; or
4. the applicant is a fellow of HKAN in the specialty of Midwifery who was admitted in 2012, 2013 or 2014; or is a fellow of the HKAN in the specialty of Midwifery who has obtained a Master degree in health related stream.
5. Please fill in the total number of years of full time post-registration experience in midwifery practice of the applicants in the format of “xx Years xx Months” as at the month of application.