e-Licensing

User Guide for Private Healthcare Facilities

Prepared by

the Department of Health and the Hospital Authority Information Technology and Health Informatics Division

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	of private healthcare facilities who may handle and submit
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	The general operation of each function will be illustrated step-
	by-step in this user guide. The expected results will be
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1 Introduction

The e-Licensing helps to facilitate e-communication between private healthcare facilities and the Department of Health (DH). It provides a platform for private healthcare facilities to apply licences and review of application status online. This User Guide is for personnel of private healthcare facilities. By reading this Guide, users are expected to be able to:

- 1. get familiar with the online procedures for licence application; and
- 2. review licence application status.

The general operation of each function would be illustrated step-by-step in this Guide. The expected results would be described in details.

(Notes: the sample screens used in this Guide are for demonstration only and are not real information of Private Healthcare Facilities (PHFs))

2 Account Management

2.1 Create / Login Account via iAM Smart

User of e-Licensing Platform can also login/ create user account via iAM Smart.

2.1.1 Create New User Account via iAM Smart

1. Click Login with iAM Smart button on the landing page of e-Licensing.

e-Licensing Department of Health The Government of the Hong Ke	ong Special Administrative Region	$\times \setminus -$	Dev VOS
SIGN IN User ID Econ Forgot Password? Cogin with IAM Smart	REGISTER ACCOUNT FOR LICENCE APPLICATION REGISTER		
Office for Regulation of Private Healthcare Fac Department of Health The Government of the Hong Kong Special Administrative Re	ilities pien	Important Notces Privacy Policy System Mainten	ance Contact Us

- 2. Login iAM Smart via user's own mobile device.
- 3. Scan the QR code on the e-Licensing.

🦉 智方便(iAM Smart)	× +	
← → C ☆ 🔒	pigw-isit.staging-eid.gov.hk/api/v1/auth/getQR?clientID=f01cad515fee4c96a6894ab44f49e5478s	ource=PC_Browser&responseTyp 😭 🖬
	📳 iAM Smart	🌐 English ~
	< Back to online service	
	Log in with iAM Smart :	
	1. Please open iAM Smart App in your mobile	
	2. Tap the scan button in iAM Smart App	
	🖯 Scan QR Code	
	3. Scan the QR Code	

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

e-Licensin Department of H The Governmen	I g lealth t of the Hong Kong Special Administrative Region	Dev VOS
<i>i</i> iAM Smart		EN S
		
	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	
K Exit the System		
	Important Notices Privacy Policy System Maintenance Contact Us	

5. Input CAPCHA and click the checkbox.

isclaimer				
The infi (includir informal appropr relation	mation provided by the Gover without limitation the e-Licens an. However, no statement, rej teness for use in any particular s such information or the uninter	rnment of the Hong Kong Spec ing) is for general reference only presentation or warranty, expres circumstances, non-infringement trupted operation of the e-Licensir	cial Administrative Region ("the Go y. The Government endeavours to is or implied, is given by the Gove , reliability, security, timeliness or fre ng.	vvernment") on this website ensure the accuracy of such emment as to the accuracy, redom from computer virus in
The Go concern not hav direct, ii of busir on, or ii destruct	ernment will not be liable for g any information provided by t or accept any obligation, respi firect, special, incidental and co ss information and other pecun ability to use or download, any on or damage.	any errors in, omissions from, the Government on this website (i onsibility or liability whatsoever f nsequential loss, destruction and iary loss) however arising from o y such information, even if the	or misstatements or misrepresen including without limitation the e-Licc for any loss, destruction or damage damage, and loss of business profit ir in respect of any use or misuse o Government has been advised of	tations, express or implied, nsing). The Government will : (including without limitation is, business interruption, loss r downloading of, or reliance the possibility of such loss,
	ſ	473 Irva diferenta	4.3	

- 6. Click **Next** button.
- 7. Fill in the personal particulars.

e-Licensing Department of Health The Government of the Hong Kong Special Administrative Region				
Register Account for	Licence Application			
Please fill in your information.				
User ID	chanone (4 - 20 characters)			
Name (English)	CHAN ,ONE (Given Name)			
Email	chanone@gmail.com			
Confirm Email	chanone@gmail.com (Notifications will be sent to this email throughout the application process)			
Last 4 Digits of Phone No.	1234			
Confirm Last 4 Digits of Phone No.	1234 (This 4-digit number will be used for verification during account activation)			
Connect iAM Smart	Yes			
Cancel and Exit	Next 🔉			

- 8. Click **Next** button.
- 9. Account information is shown. Click **Confirm** button.
- 10. e-Licensing account is created. Click **Complete** button to leave the page.

Department	ensing ent of Health ernment of the Hong Kong Special Administrative Region	
		EN
Register Acco	ount 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.	
	chanone@gmail.com	
	Didn't get the account activation procedure? Resend Email	
	Complete 🗸	

- 11. Repeat **steps 1-3** in **section 2.1** to activate user account.
- 12. User account has been linked up iAM Smart. Click Login with iAM Smart button to proceed.

e-Licensing Department of Health The Government of the Hong Kong Special Administrative Region	Dev VOS
Account Activation	EN S
Your account has been activated successfully. It can now be used. You can login your e-Licensing account with iAM Smart, or you can login manually with User ID and passwords.	
Co to Login Page and login manually	
Important Notices Privacy Policy System Maintenance Contact Us	

13. Login iAM Smart with user's own mobile device and scan the QR code to login e-Licensing.

🦉 智方便(iAM Smart) 🗙	+	
\leftrightarrow \rightarrow C \triangle \cong apigw-isit.s	ttaging-eid.gov.hk/api/v1/auth/getQR?clientID=f01cad515fee4c96a6894ab44f49e547&source=PC_Browser&respo	nseTyp 🛧 🖬
	iAM Smart	🌐 English 🗸
	< Back to online service	
	Log in with iAM Smart : 1. Please open iAM Smart App in your mobile 2. Tap the scan button in iAM Smart App	

2.1.2 Link Up Existing e-Licensing Account with iAM Smart

2.1.2.1 Link Up Existing e-licensing Account with iAM Smart in the Login Page

If the user has an existing account in e-Licensing, he/she can link up the account with iAM Smart.

1. Click Login with iAM Smart button on the landing page of e-Licensing.

e-Licensing Department of Health The Government of the Hong Ko	ong Special Administrative Region	Dev Vos
SIGN IN User ID COIN Forgot Password? Cogin with: IAM Smart	REGISTER ACCOUNT FOR LICENCE APPLICATION REGISTER	
Office for Regulation of Private Healthcare Fac Department of Health The Government of the Hong Kong Special Administrative Reg	littes	Important Notices Privacy Policy System Maintenance Contact Us

- 2. Login iAM Smart via user's own mobile device.
- 3. Scan the QR code on the e-Licensing.

🦉 智方便(iAM Smart)	× +	
는 -> C ① 🗎 ap	igw-isit.staging-eid.gov.hk/api/v1/auth/getQR?clientID=f01cad515fee4c96a6894ab44f49e547&sou	rce=PC_Browser&responseTyp 🛱
	🧵 iAM Smart	🌐 English ~
	< Back to online service	
	Log in with iAM Smart :	
	1. Please open iAM Smart App in your mobile	
	2. Tap the scan button in iAM Smart App	
	😂 Scan QR Code	
	3. Scan the QR Code	

4. Click "**Yes. I want to link up my e-Licensing Account with iAM Smart.**" in the popup.



5. Input **User ID.**

AM Smart		EN
	Q	
	→LINK IAM SMART	
	User ID (User ID (8))	
	K Back Next >>	

6. Input First Password and Second Password.

e-Licensin Department of H The Governmen	Ig lealth t of the Hong Kong Special Administrative Region	Dev VOS
iAM Smart		EN 🕅
	CONTRACT Please input the valid First Password and Second Password.	
	First Password Second Password Did	
	For illustation, Pyour 2nd password is 1473685-048, you will need to key in its Sici, Gin, and last cigit, i.e. 7, 6, and 8	
	Important Notices Privacy Pelicy System Maintenance Contact Us	

- 7. Click Login.
- 8. Click Go to Home Page.
- 9. Linkup with existing account is completed. User could follow Section 2.1.4 for future login when using with iAM Smart.

2.1.2.2 Link Up Existing e-licensing Account with iAM Smart in "My Profile"

- 1. Login system.
- 2. Click My Profile.

e-Licens Department The Governm	Dev Voor of Health ment of the Hong Kong Special Administrative Region
24/03/2021 17:0	2:33 EN X CHAN, ONE ▼ Logout 🕑
My Application My Application Licence Profile User Guide	HOME Last login was successful on 24 Mar 2021 16:39

3. Click Connect button next to "Connect iAM Smart".



4. Login iAM Smart by the user's own mobile device and scan the QR code.



5. Click **OK** button.

e-Licensing Department of Health The Government of the Hong Kong Special Administrative Region	\vee
E A 24/03/2021 17:27:49 Menu Home	EN 🛣
Sector My Profile	
Your e-Licensing account has been linked up to your iAM Smart	
Next time you can use your iAM Smart to login directly without inputting User ID and passwords.	
ОК	

2.1.3 Delink e-Licensing Account with iAM Smart

- 1. Login system.
- 2. Click My Profile.



3. Click Disconnect button next to "Connect iAM Smart".



4. Click **Confirm** in the popup.

e-Li Depa The C	i censing rtment of Health Sovernment of the Hong Kong Special Administrative Region	
≡ 🕋 24/03/2	021 17:07:41	EN 🤶
	Disconnect iAM Smart	
User ID	Confirm to disconnect iAM Smart?	
Name (English) Email	🗙 Cancel Confirm 🗸	
User Role		
Status Account Locked	Active No	
Connect iAM Smart	Yes Disconnect	
	Edit 🥒	

2.1.4 Login e-Licensing with iAM Smart

If the user has created new account via iAM Smart or linked up existing account with iAM Smart, he/she can login e-Licensing via iAM Smart.

1. Click Login with iAM Smart button on the landing page of e-Licensing.

REGISTER REGISTER ACCOUNT FOR LICENCE APPLICATION REGISTER	
PAQS	
	CREGISTER ACCOUNT FOR LICENCE APPLICATION REGISTER REGISTER

2. Login iAM Smart via user's own mobile device and scan the QR code on the e-Licensing.



3. The system is login successfully.

2.2 Account Creation (without iAM Smart)

2.2.1 Create New User Account

1. Click Register Button on the landing page of e-Licensing



2. Input CAPTCHA shown on the screen



- 3. Click the check box "I have read and agree to the terms of this disclaimer.".
- 4. Click Next button.
- 5. Fill in User ID, Name in English and Chinese, email/Re-enter email and last 4 digits of phone number/Re-enter last 4 digits of phone number.

Register Account for	Licence Application
Please fill in your information.	
User ID	(4 - 20 characters)
Name (English)	(Surname) (Given Name)
Email	
Confirm Email	(Notifications will be sent to this email throughout the application process)
Last 4 Digits of Phone No.	
Confirm Last 4 Digits of Phone No.	(This 4-diait number will be used for verification during account activation)

- 6. Click **Next** button.
- 7. Account information is shown. Click **Complete** button.

8. Activation email reminder is shown. Click Complete button

OR

Click hyperlink "<u>Didn't get the account activation procedure? Resend Email</u>" to resend email.

9. Confirmation pop-up is shown. Click Yes to exit

OR

No to stay.

Confirmation
Please be reminded to activate your account by following the activation instructions which have been sent to your email box.
Do you really want to exit this page?
🗙 No Yes 🗸

2.2.2 Account Activation

- 1. An Account Creation Notice and an Account Activation Email will be received by the new applicant. Click the **Activation Link** in the Account Activation Email.
 - (a) Account Creation Notice



(b) Account Activation Email

Account Activation Procedure of e-Licensing 電	子牌照系統帳戶啟動程序 🔤 🖛	ø	Ø
orphf.system@dh.gov.hk ≅≈ ☆ ~	上中1031(4分编程) 合	*	
ズA 英文・ → 中文(繁種)・ 転講新作	展開下列編集的編編的	: MX	ж
Dear TEST, APPLICANT,			
You must complete the account activation process before you can use e-Licensin https://apps.orphf.gov.hk.Submission/Account Activation.aspx?cod	 Please activate your account by clicking the following I demtAEGPNL eid2aWzezeds1dk 	nk :	
For enquiry, please contact our staff at 3107 8451 or email to <u>prohi@db.gov.hk</u> .			
Office for Regulation of Private Healthcare Facilities Department of Health Tria is a system-generated e-mail. Please do not reply to this message.			
概要的TEST, APPLICANT -			
G企業先用式場所設置環本可使用電子用用系統。請款額以下提接以設置中的特 Thes // Submission/Account/Activation assx?coder142w2LwiAzn1o	t# : śs%.ini&voerrep⟨=tc		
的有查說,請放電3107.8451或電影至 <u>anphilla的,9921达</u> 與反佈的工作人員聯络。			
東三哥 5. 经目用电报经经时期史			
信息本信段出的电子影伴,除不要忍着信保课度。			

2. Enter the **User ID**. Then click **Next** button.

Please enter your Last 4 Digits of Phone No. in the system User ID testapplicant Last 4 Digits of Phone No.	tem.
User ID testapplicant Last 4 Digits of Phone No.	
Last 4 Digits of Phone No.	

3. Set **First Password** and **Second Password** according to the Password requirements. Click **Activate Account** button.

ease setup your First Password and Second	Password.	
assword tips:		
oid using names, birthdays, phone numb	ers, ID number or words number that are easily identified as password.	
rst Password		
New Password Confirm Password	Password Requirements : 1. Password length: 8 - 20 digits 2. Contains 3 of the following 4 character groups: - English uppercase characters (A through Z) - English lower case characters (a through z) - Numerals (0 through 9) - Non-alphabetic characters (exclude ^,()=&"><))	
econd Password		
New Password Confirm Password	Password Requirements - 1. Password length: 8 - 20 digits 2. Contains 2 of the following 4 character groups: - English uppercase characters (A through Z) - English lower case characters (a through 2) - Numerals (0 through 9)	

Password tips: Avoid using names, birthdays, phone numbers, ID number or words number that are easily identified as password. First Password					
Change First Password Change First Password Oke Password New Password Confirm Password	Password Requirements; 1. Password kength: 8 - 20 dig/ts 2. Contains 3 of the following 4 character groups: - English upper case characters (A through Z) - English tower case characters (a through Z) - Numentsi (0 through 5) - Non-alphabetic characters (seclude 4,0+67>+()				
Second Password					
Change Second Password Old Password New Password Confirm Password	<u>Plassioneri Requiremente</u> 1. Passioned kingtis: 1-20 dighis 2. Contains 2 of the following 4 character groups: - English nueve characteris (A through 2) - English Inverse characteris (A through 2) - Nueventali (D through 9) - Nuevent				

4. Click Go to Login Page button.

Account Activation	
Your account has been activated successfully. It can now be used.	
Go to Login Page	

5. Enter the **User ID** and click **Login** button.



6. Enter the first password and second password, then click **Login** button. Please input three characters, randomly drawn by the System, from your Second Password.

Please input the val	d First Passwor	d and Second Passwor	d.	
First Password				
Second Password				
	1st	4th		Last
				2nd
	For illustration,	if your 2nd password is 1	A73B65C48, yo	ou will need to key
	in its 1st, 4th, a	nd 2nd last digit, i.e. 1, 3	and 4	

2.3 Edit Account Information

2.3.1 Editing Name and Email Address

- 1. Login the System.
- 2. Click the user name on top right corner.
- 3. Click **My Profile** button.



4. Click Edit button.

B My Profi	le				
User ID	demouser				
Name (English)	LEE, SIU MAN				
Email	demouser@gmail.com				
User Role	 Licence Application 				
Status	Active				
Account Locked	No				
		Edit	Ø)	

- 5. Change Surname and Given Name.
- 6. Input the **New Email**.
- 7. Input the **Re-enter Email**.
- 8. Click Next button.

Jser ID	demouser	
lame (English)	LEE	, SIU MAN
	(Surname)	(Given Name)
Email	demouser@gmail.com	
lew Email	example@gmail.com	
onfirm Email	example@gmail.com	
ser Role	Licence Application	
atus	Active	
count Locked	No	

9. Click **Confirm** button.

2.3.2 Change Password

- 1. Login the System.
- 2. Click user name on top right corner.
- 3. Click Change Password button.



- 4. Click the checkbox of **Change First Password**.
- 5. Input the **Old Password**.
- 6. Input the **New** Password.
- 7. Input the **Confirm** password.
- 8. Click checkbox of Change Second Password.
- 9. Repeat steps 5-7.
- 10. Click Confirm Change Password button.

void using names, birthdays, phone number irst Password	s, ID number or words number that are easily identified as password.	
Change First Password Old Password New Password Confirm Password	Password Requirements: 1. Password length: 8 - 20 digits 2. Contains 3 of the following 4 character groups: - English uppercase characters (A through Z) - English lower case characters (a through z) - Numerais (0 through 9) - Non-alphabetic characters (exclude ^,()=&"><)	
Change Second Password Old Password New Password Confirm Password	Password Requirements: 1. Password length: 8 - 20 digits 2. Contains 2 of the following 4 character groups: - English uppercase characters (A through Z) - English lower case characters (a through Z) - Numerals (0 through 9) - Numerals (0 through 9)	

2.4 Account Recovery

After 5 consecutive unsuccessful login attempts by the user, the account is automatically locked to protect user account. Follow the instructions below to unlock the account.

1. Click Forgot Password? button.



2. Enter the User ID and Email Address. Click Next button.

	- 🖲 Account Recovery
To recover your a the system.	ccount, please enter your User ID and your registered Email Address in
User ID	
Email Address	
Back	Next 义

3. A system generated email with a Security Code will be sent to the registered email.

0	11/07/2018 (週三) 16:02 orphf.system@dh.gov.hk Forgot Password of e-Licensing
Dear CH	HAN SIU MING
Your reque reset proces	st for password reset has been received. Please obtain the Security Code below to continue the password ss.
Security Co	ode <u>3631479</u> (Sent at 16:01)
For enquiry	r, please contact our staff at 3107 8451 or email to orphf@dh.gov.hk.
Office for I	Regulation of Private Healthcare Facilities
Departmen	t of Health
This is a sy	stem-generated e-mail. Please do not reply to this message.

4. Enter the Security Code and click Next button. Click here button to resend the code if no email is received.

An email has been sent to your registered email address, please obtain the Security Code in the email and input here.
Security Code (Sent at 16:01)
If you have not received the email, please click here to resend the security code.

5. Reset First Password and Second Password according to the password requirements. Click **Confirm** button.

3 Licence Application

3.1 Create an Application

New applicant with **Licence Application** role could apply licence for their PHF and review the application status.

- 1. Login the System.
- 2. A reminder in the Task List will be shown in the homepage. Click **Go** button to create an application.

OR

Click Licence Application button on the left menu bar.

11/03/2019 11	:15:32		EN 🗷 🚺	EST, APPLICANT	Logout 💽
Licence Application	HOME Last logm was successful on 11 M ET Task List (b) You can start your lice	w 2019 10.58			

3. Check the option available in the New Application section.



4. Click Proceed button.

5. Click the hyperlinks to read documents related to the licence applied under "**Important Notices**".

Important Notices
List of forms and documents relevant to the application for Day Procedure Centre licence
The following documents must be read before application:
i) PHF(E) 21A Code of Practice for Day Procedure Centres (Cap. 633)
ii) PHF(E) 22A Guidance Notes for Application for Day Procedure Centre Licence (Cap. 633)
iii) Personal Information Collection Statement
Submission of application must be accompanied by PHF 23 Checklist of Documents and all applicable documents stated.
Under the Private Healthcare Facilities Ordinance (Cap. 633) ("the Ordinance"), it is an offence to furnish in this application any statement or information that is false or misleading in a material particular.

6. Click the checkbox "I have read, understood and agreed with the above terms and conditions".

Declaration	
☑ I have read, under:	stood and agreed with the above terms and conditions.
Back	Proceed »

- 7. Click **Proceed** button.
- 8. A reference number is shown. Jot down the reference number if necessary.

\checkmark	New appli	cation has been created.				
Referen This appl	n ce No. ication has be	H2000187 en linked to your account, you	can always review the application	n in the first page of this fu	unction.	

Proceed 🚿

3.2 Input Online Form

3.2.1 Hospital Licence

There are 3 sections in the Online Form, namely the "Particulars of Hospital", "Particulars of Applicant", and "Particulars of CME". Applicant should fill in the required information accordingly. Reference number is shown on top left corner. Important forms and documents could be checked by clicking the "**Forms/Documents**" button. The navigation bar indicates the progress of the application. Applicants could click the navigation bar to the page they wish to visit.

Application for Hospital Licence		
Reference No. H2000187 ⑦ Form	(Documents	Print Draft 🛛 🖨
Section I Particulars of Hospital (Part 1) 🏓 Particulars of Hospital (Part 2)	Section II Particulars of Applicant Particulars of CME Confirm Information	

1. Click **Proceed** button after the application has been created.

New application has been created.	
Reference No. H2000187 This application has been linked to your account, you can always review the application in the first name of this function.	
This approaction has been mined to your account, you can amays review the application in the first page of this full-tion.	

Proceed ≫

2. In Section I (Part 1), fill in the particulars of the hospital including the name and address in Chinese and English, telephone number, fax number, email address and number of certificate registration.

Sec	tion I - Particulars of Hospital (Part 1 / 2)		
a.	Name of the Hospital in Chinese:		
b.	Name of the Hospital in English:		
C.	Address of the Hospital in Chinese (referred to hereinafter as "the premises of the hospital"):		
d.	Address of the Hospital in English (referred to hereinafter as "the premises of the hospital"):		v
e.	Telephone Number of the Hospital:		
f.	Fax Number of the Hospital:		
g.	E-mail Address of the Hospital:		
h.	Intended date of commencement of operation of the Hospital:	DD-MM-YYYY	
	Back	Save 関	Save and Continue 📎

Remarks for Section I Part 1:

- i. Additional addresses can be added or removed.
- ii. Max 9 addresses can be added.
- iii. Address can be previewed under the address box.
- iv. Addresses cannot be duplicated in the same language.

1.	Floor e.g. G/F, 1-3/F	Remove
	222 Waterloo Road	
	Kowloon Tong Kowloon City Kowloon Kowloon Kowloon	
	222 Waterloo Road, Kowloon Tong, Kowloon (40/160)	
2.	▼ Floor e.g. G/F, 1-3/F	Remove
	322 Junction Road	
	Kowloon Tong V Kowloon City V Kowloon	
	322 Junction Road, Kowloon Tong, Kowloon (40/160)	
3.	▼ Floor e.g. G/F, 1-3/F	Remove
	330 Junction Road	
	V Area V	
	330 Junction Road (17/160)	
+ Ad	d Additional Address	

3. Click **Save** button to save as draft, then click **OK** button.

Save	
Saved Successfully.	
ОК	

OR

After completing Section I Part 1, click **Save and Continue** button to save the information and proceed to Section I part 2.



4. In Section I Part 2, indicate the availability of the specific services and the number of beds of corresponding units.

Remarks for Section 1 Part 2:

<u>Table 1A</u>

Table 1: Numb	er of In-patient Beds	Mandatory, Number Min 0 , Max 99999	
Item No.	Clinical Department/Services		Number of In-patient Beds
A.	Clinical Services with Provision of In-patient Beds		
A1.	Intensive or high dependency care	Intensive Care Unit (Note 1)	Bed(s):
		High Dependency Unit (Note 2)	Bed(s):
		Neonatal Intensive Care Unit	Bed(s):
A2.	Maternity unit / nursery	Maternity Unit Maternity Unit must be greater than 0 when Baby Cots is greater than 0 in "Maternity unit / nursery".	Bed(s):
	Sum of "Maternity Unit" and "Baby Cots" must be > 0 when Table 2 A "Obstetric Service (Delivery Suites)" is greater than 0.	Baby Cots Baby Cots must be greater than 0 when Maternity Unit is greater than 0 in "Maternity unit / nursery"	Cot(s):
A3.	Paediatrics Service	Paediatrics and Neonatal Unit (Note 3)	Bed(s):
A4.	Other Clinical Services with Provision of In-patient E Gynaecology, Psychiatry, Mixed Ward) excluding ite	Beds (e.g. Medicine, Surgery, Orthopaedics, ems A1 to A3 above	Bed(s):
A5.	Subtotal (Total number of In-patient Beds) (Sum of A1 to A4)	Sum of all in-patient beds must be > 0	Bed(s): (Calculate automatically)

<u>Table 1B</u>

Table 1 (cont.): Number of Day Beds		Mandatory, Number, Min 0, Max 99999
Item No.	Clinical Department/Services	Number of Day Beds
В.	Clinical Services with Provision of Day Beds	
B1.	Haemodialysis service	Bed(s)/Chairs:
B2.	Chemotherapy service	Bed(s)/Chairs:
B3.	Day Ward (Day Surgery or day procedure service) (Note 4)	Bed(s)/Chairs: (Note 5)
B4.	Accident and emergency service (observation beds)	Bed(s): (Note 6)
B5.	Subtotal (Total number of Day Beds) (Sum of B1 to B4)	Bed(s)/Chairs: (Calculate automatically)
C.	Total number of beds in the premises of the Hospital included in this application for licence	Beds
	(including all in-patient and day beds as listed in Table 1 only (Sum of total of A5 and B5))	(Calculate automatically)

Table 2

Table 2: Clinic	al Services with Special Facilities			Mandatory, Number Min 0 , Max 99999
Item No.		Name of Clinical Service		
Α.	Obstetric Service (Delivery Suites)		Must be >0 if "Table 1 A2" > 0	Bed(s): (Note 7)
B.	Surgical Service	Operating Room	Must be > 0 if "Table 2 B Recovery Beds" > 0	Room(s):
		Recovery Beds (Note 8)	Must be >0 if other field in "Table 2 B." > 0	Bed(s):
C.	Endoscopy Service (Note 9)	C1. Bronchoscopy room		Room(s):
	Sum of "C1" and "C2" in Table 2 C must be greater than 0 when	C2. Other endoscopy (excluding br	onchoscopy) rooms (Note 10)	Room(s):
	"Endoscopy Service Recovery Beds" is greater than 0	Recovery Beds (Note 8)		Bed(s):
D.	Radiology Service	D1. Interventional Radiology Room		
	Sum of "D1 (a)", "D1 (b)" and "D2" must be greater than 0 when	(a) Angiography (Note 11)		Room(s):
	"Radiology Service Recovery Beds" is greater than 0.	(b) Other Interventional Radiology	procedures (Note 12)	Room(s):
		D2. Diagnostic Imaging (Magnetic I	Resonance Imaging) room	Room(s):
		Recovery Beds (Note 8)		Bed(s):
E.	Lithotripsy Service	Procedure Room	Must be > 0 if "Table 2 E Recovery Beds" > 0	Room(s):
		Recovery Beds (Note 8)		Bed(s):
F.	Radiotherapy Service (Note 13)	Procedure Room	Must be > 0 if "Table 2 F Recovery Beds" > 0	Room(s):
		Recovery Beds (Note 8)		Bed(s):
G.	Dental Service	Dental Surgery	Must be > 0 if "Table 2 G Receovery Beds" > 0	Room(s):
		Recovery Beds (Note 8)		Bed(s):
Н.	Accident and Emergency Resuscitat	tion Bays Must be > 0 when "Table 1 B4 Accident and en	nergency service (observation beds)" > 0	Bay(s):
I.	Isolation Room with specialized vent	tilation setting not covered by items A	to H above	Room(s):

Table 3

Table 3: Other Clinical Services		Mandatory
Item No.	Name of Clinical Service	
Α.	Out-patient service by registered medical practitioner(s)	◎ Yes ◎ No
В.	Chinese medicine out-patient service	Yes No
C.	Physiotherapy service	O Yes O No

Table 4

Table 4: Clinical Support Services		Mandatory	Mandatory if Yes, Number, Min 1, Max 99999
Item No.	Name of Clinical Support Service		Number of Locations/Rooms
A.	Pharmacy (including drug store)	© Yes ◎ No	Location(s):
B.	Aseptic Preparation Service		
	B1. Cell and tissue processing (including stem cell laboratory)	© Yes ◎ No	Room(s): (Note 14)
	B2. Cytotoxic drug reconstitution		Room(s): (Note 14)
	B3. Radioisotope injection preparation (including cyclotron unit)	◎ Yes ◎ No	Room(s): (Note 14)
	B4. Others (including total parenteral nutrition or sterile drug preparation)		Room(s): (Note 14)
C.	C. Pathology Service		
	C1. General Pathology service Must be "Yes" if "Table 2 B. Surgical Service" or "Table 2 H. Accident and Emergency Resuscitation Bays" > 0	O Yes O No	NA
	C2. Medical laboratory at biosafety level 3 or above	◎ Yes ◎ No	Room(s):
D.	Blood bank (Note 15) Must be "Yes" if "Table 2 B. Surgical Service" or "Table 2 H. Accident and Emergency Resuscitation Bays" > 0	◎ Yes ◎ No	NA
E.	Central processing facility for sterilisation of medical and surgical instruments. Must be Yes and >0 if "Table 2 B. Surgical Service" > 0	© Yes ◎ No	Location(s):
F.	Mortuary	◎ Yes ◎ No	NA

5. Click Save button or Save and Continue button to proceed to Section II.

Or

Click **Back** button to previous section.

- 6. In Section II, fill in the particulars of the applicant.
- 7. Click Save button or Save and Continue button to proceed to Section III.

Or

Click **Back** button to previous section.

8. In Section III, fill in the particulars of chief medical executive (CME).

Remark for Section III:

 i. If the "Year of First Registration under Medical Registration Ordinance (Cap.161)" = 14 or 15 years, a popup message box will be shown. Click Cancel button to change the year of registration or click Confirm and Proceed button to next section.

Reminder
The Chief Medical Executive must be a registered medical practitioner who has been registered for not less than 15 years in Hong Kong.
Cancel Confirm and Proceed >>

3.2.2 Day Procedure Centre Licence

There are 4 sections in the Online Form, namely the "Particulars of Day Procedure Centre (DPC)", "Scale and Scope of Services", "Particulars of Applicant" and "Particulars of CME". Applicant should fill in the required information accordingly. Reference number is shown on top left corner. Important forms and documents could be checked by clicking the "**Forms/Documents**" button. The navigation bar indicates the progress of the application. Applicants could click the navigation bar to the page they wish to visit.



- 1. Click **Proceed** button after the application has been created.
- In Section I, fill in the particulars of the DPC including the name and address in Chinese and English, telephone number, fax number, email address and type(s) of practice of the DPC.

Name of the Day Procedure Centre in Chinese:	
Name of the Day Procedure Centre in English:	
Address of the Day Procedure Centre in Chinese (hereinafter referred to as "the Premises"):	Area v) [District v) [v) Number and Name of Road/Street
	Floor e.g. G/F, 1-3/F (0/80)
Address of the Day Procedure Centre in English (hereinafter referred to as "the Premises"):	Fioor e.g. G/F, 1-3/F Building/Block Number and Name of Road/Street
	[V] [District ♥] [Area ♥] [Area ♥] (0/160)
Telephone Number of the Day Procedure Centre:	(Telephone Number 1) (Telephone Number 2)
Fax Number of the Day Procedure Centre:	
E-mail Address of the Day Procedure Centre:	
Type(s) of practice of the Day Procedure Centre:	Medical Practice Dental Practice

3. Click **Save** button to save as draft, then click **OK** button.



OR

After completing Section I, click **Save and Continue** button to save the information and proceed to Section II.



4. In Section II, indicate the scale and scope of services provided in the DPC.

Remarks for Section II:

<u>Part a</u>

a.

- i. The total number of rooms must be >0.
- ii. If the number of "Consultation room for doctor" or "Consultation room for dentist" >0, the related type of practice must be chosen in Section I.

Scale of Services provided in the Day	Room type	Number	
Procedure Centre:	Operating Room		
	Designated room for medical procedures (excluding consultation rooms and operating rooms)		Mandatory, Number, Min 0, Max 99999
	Consultation room for doctor		,
	Consultation room for dentist		
	Total	(Calculate automatically)	

Part b

Scope and class of specialized service(s) provided in the Day Procedure Centre according to Schedule 3 of the Ordinance:

Scope and class of specialized service(s)	
Surgical procedure	○ Yes ⑧ No
Endoscopic procedure	○ Yes ⑧ No
Dental procedure	⊖ Yes
Chemotherapy	⊖ Yes
Haemodialysis	⊖ Yes
Interventional radiology and lithotripsy	⊖ Yes
Anaesthetic procedure	○ Yes ● No
Radiotherapy	○ Yes

Default "No", Must be at least one "Yes"

<u>Part c</u>

i. Other clinical and clinical supporting service(s) can be added

C.	Details of clinical and clinical supporting	Details of clinical and clinical supporting service(s)		1
	Service(s) provided in the Day Procedure Centre	Pharmacy or dispensing service	○ Yes ● No	
		Medical laboratory service	⊖Yes ⊛No	Default "Ne"
		Occupational therapy service	○ Yes ⑧ No	Default No,
		Optometry service	⊖Yes ●No	Allow all INO
		Radiology or imaging service	○ Yes ⑧ No	
		Physiotherapy service	○ Yes	
		Chiropractor service	○ Yes ● No	
		Chinese medicine practitioner service	○ Yes No	
		Others (e.g. Audiology service, Speech therapy service) + Add Other Service	OYes ● No	Mary EQ athen any inco
		+ Add Other Service		
		Service Name in English:		Mandatory, 80 characters
		Service Name in Chinese:		 <u>NO</u> Chinese allowed Mandatory, 50 characters
		X Cancel Confirm 🗸		

<u>Part d</u>

Please state if the Day Procedure Centre under this application ("this Centre") compiles with the following licensing requirements:

Specific Licensing Requirements	
This Centre does not provide to any person a medical procedure that requires the person's continuous confinement within the Centre for more than 12 hours	○Yes ○No
The period of continuous confinement for patients treated with medical procedures at this Centre must be within the same calendar day	⊖Yes ⊖No
Hospital only procedures are not performed in this Centre	⊖Yes ⊖No
This Centre has a direct and separate entrance not shared with, or involving passing through other premises	○Yes ○No

Mandatory, Must be "Yes"

<u>Part e</u>

e. Please state if the following medical facilities are applicable to this Centre:



- 5. In Section III (Part 1), choose the type of applicant. There are 3 types of applicants, namely the "Sole Proprietor", "Partnership" and "Company / Organisation". Fill in the information accordingly.
 - a. Type of Applicant:

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

6. In Section III (Part 2), indicate any criminal offence, ordinance offence, bankrupt history and licence suspension history of the applicant.

Sec	tion III - Particulars of the applicant (Part 2)	
Do th	e following statements correctly describe the applicant?	
a.	Other than offences requiring no disclosure, I have not been convicted in Hong Kong or elsewhere of any criminal offence:	○ Yes ○ No
b.	I have not been convicted of an offence under the Ordinance:	\odot Yes \odot No
C.	I 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
d.	The private healthcare facilities (PHFs) during which I am/was a sole proprietor, a partner of a partnership or a director/officer of other company(ies) or organisation(s), have <u>neither</u> had their licence suspended or cancelled, had been refused a licence application, nor had their facility services suspended by the Director of Health:	○ Yes ○ No

7. In Section IV, input the particulars of the Chief Medical Executive (CME) of the DPC.

Sec	tion IV - Particulars of Chief Medical Executive appo	inted
a.	Name of the Chief Medical Executive in Chinese (As stated on Hong Kong Identity Card):	(Surname) (Given Name)
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):	(Chief Medical Executive has to be registered for not less than 6 years)
f.	Telephone Number:	
g.	Fax Number:	
h.	E-mail Address:	
i.	Duties of the Chief Medical Executive: The Chief Medical Executive is responsible for the day to day operation of all services provided in this Centre	\odot Yes \odot No

Remarks of Section IV

- If the CME and the applicant are the same person (with the same HKID or Passport no. and place of issue, the data fields for their respective English and Chinese names should be the same.
- ii. Year of First Registration under Medical Registration Ordinance / Dentists Registration Ordinance must be no less than 6 years.

3.3 Confirm Information

1. Check the **Reference number**, **Licence Type**, **Estimated Application Fee** and **Application Status** in the confirmation page.

				Print Draft 🕞
Sec	tion I	Section II	Section III	
Particulars of Hospital (Part 1)	Particulars of Hospital (Part 2)	Particulars of Applicant	Particulars of CME Confirm Inform	nation
Reference No.	H2000185			Porms/Documents
Licence Type	Hospital Licence			
Estimated Application Fee	HK\$ 426,000			
Application Status	Temporarily Saved			

2. Check information in the preview table.



- 3. Click the navigation bar on the top to edit information in respective section if necessary.
- 4. Click the checkbox "I understand that the application cannot be amended online once submitted."



- 5. Click **Confirm Information** button.
- 6. Upon confirmation, a notification email will be sent to the email the user account.

3.4 Document Submission

3.4.1 e-Upload of Documents

Where **e-upload function** is available, applicants could submit the required documents via e-Upload after confirming the application.

1. Click checkbox and **Confirm Information** button.

Section I	Section II		Section III		Section IV	
Particulars of Day +	Scale and Scope of	Particulars of	Particulars of	Particulars of	→ Particulars of CME	Confirm Information
Procedure Centre	Services	Applicant (Part 1)	Applicant (Part 2)	Applicant (Part 3)		
o be displayed for public)						
teference No.	D2200085					⑦ Forms/Document:
icence Type	Day Procedure Centre	Licence				
stimated Application Fee	HK\$ 28,400					
pplication Status	Temporarily Saved					
Articulars of Day Procedure Name of the Day Procedure Name of the Day Procedure Address of the Day Procee (hereinafter referred to as Address of the Day Procee (hereinafter referred to as Telephone Number of the Fax Number of the Day Pro- E-mail Address of the Day Pro- E-mail	Centre (To be displaye re Centre in Chinese: re Centre in English: dure Centre in English: dure Centre in English "the Premises"): Day Procedure Centre: Procedure Centre:	d for public) 示能例子 f Demo Ex 九曜田角3 Flat A, 10, 25552966 23232424 35553966 admin@n	日間警察中心 ample DPC 323火焰大東10A室 , Flame Building, 323, ; (Telephone Number ; ewdpc.com	Mongkok, Kowloon 1) 2)		
Type(s) of practice of the I icale and Scope of Services	Day Procedure Centre:	Medical P Dental Pro	ractice actice			
		lerstand that the appli	cation cannot be ame	Room type	nitted.	Number

2. Click Upload Document button next to the documents.

Re'	erence No.	D2200125		Porms/Document
Ap	mated Application Fee	Day Procedure Centre Licence - New Application		_
Ap	lication Status	Pending Submission		-
'our i) pi #	pplication has NOT been comp per channel.	leted yet. Please prepare the documents below and submit to the Office for Regul Checklist of Documents	lation of Private Healthcare Fa	acilities through (i) electroni
			Electronic 🛈	Paper ①
1	Application Form for Day Proc	cation Form for Day Procedure Centre Licence PHF 22		Print
2	Declaration by the Chief Medic	al Executive of the Day Procedure Centre PHF 24		Download Document
3	Copy of Certificate for Compar	vy/Organisation	Upload Document	
4	Documentation substantiating applicant to handle all matters licence of the Centre	authorization in respect of the authorized representative to represent the related to the application for licence and all subsequent matters related to the	Upload Document	
5	Report for Application for Day	Procedure Centre Licence PHF 25 - Part A (General)	Upload Document	Download Document
	Desert for Application for Desil	Procedure Centre Licence PHF 25 - Part A (Annex)		Download Document
6	Report for Application for Day Procedure Centre Licence PHF 25 - Part A (Annex)			
6 7	Report for Application for Day	Procedure Centre Licence PHF 25 - Part B5 (Haemodialysis)	Upload Document	Download Document
6 7 8	Report for Application for Day Report for Application for Day 2-week duty roster of nursing s service	Procedure Centre Licence PHF 25 - Part B5 (Haemodialysis) taff and supporting care staff (with staff name) after commencement of each	Upload Document Upload Document	Download Document
6 7 8 9	Report for Application for Day I Report for Application for Day I 2-week duty roster of nursing s service Specialty qualification or training	Procedure Centre Licence PHF 25 - Part B5 (Haemodialysis) taff and supporting care staff (with staff name) after commencement of each ig record of nurse	Upload Document Upload Document Upload Document	Download Document

3. Drag document to upload and click **Confirm** button.

	ference No.	D2200125		Perms/Document
Application Type		Day Procedure Centre Licence - New Application		
Est	timated Application Fee	HK\$ 28,400	-	
Ap	plication Status	Pending Submission	1	
) pi	application has NOT been completed aper channel.	yet. Please prepare the documents below and submit to the Office for Regulation of Private	Healthcare Fa	cilities through (i) electroni
		Upload Document		- 0
1	Application Form for Day Procedure	Document. Copy of Certificate for Company/Organisation	nic U	Paper 10
2	Declaration by the Chief Medical Ex			Download Document
3	Copy of Certificate for Company/Org		scument	
4	Documentation substantiating autho applicant to handle all matters relate licence of the Centre	n Drag your tile here	cument	
5	Report for Application for Day Proce	d	cument	Download Document
6	Report for Application for Day Proce	d		Download Document
7	Report for Application for Day Proce		ocument	Download Document
8	2-week duty roster of nursing staff a service	Each file cannot exceed 10MB.	ocument	
9	Specialty qualification or training rec	c Cancel Confirm 🗸	cument	
10	Layout plan of the premises of the d		ocument	

- 4. Repeat **steps 2-3** to upload other documents.
- 5. If applicant wish to remove the uploaded documents, please click **Remove** and **Confirm** buttons.

i	e-Licensing Department of Hea The Government o	lth f the Hong Kong Special Administrative Region	\checkmark		Cirric
=	24/01/2022 10:34:27		EN 🛣	DEMO, USER TE	ST 🔻 Logout 🖻
Ø	Application for Day P	rocedure Centre Licence - New Application			
Re	ference No.	D2200125			⑦ Forms/Documents
Ap	plication Type	Day Procedure Centre Licence - New Application		_	
Ap	olication Status	Remove			
		Confirm V		Submission	Channel Paper (i)
1	Application Form for Day Procedu	re Centre Licence PHF 22			Print
2	Declaration by the Chief Medical E	Executive of the Day Procedure Centre PHF 24			Download Document
3	Copy of Certificate for Company/C	Irganisation	Cop Vie	w Remove	
4	Documentation substantiating authorization in respect of the authorized representative to represent the applicate to handle all multitles related to the application for licence and all subsequent matters related to the licence of the Centre				
5	Report for Application for Day Pro	cedure Centre Licence PHF 25 - Part A (General)	U	pload Document	Download Document
6	6 Report for Application for Day Procedure Centre Licence PHF 25 - Part A (Annex)				Download Document
	6 Report for Application for Day Procedure Centre Licence PHF 25 - Part A (Annex)				Developed Descenant
7	Report for Application for Day Pro	cedure Centre Licence PHF 25 - Part B5 (Haemodialysis)	t	pload Document	Download Document
7 8	Report for Application for Day Pro 2-week duty roster of nursing staff service	cedure Centre Licence PHF 25 - Part B5 (Haemodialysis) and supporting care staff (with staff name) after commencement of each		pload Document	Download Document

Remarks:

i. e-Upload only support the following formats

PDF	.pdf
Word	.docx
Excel	.xlsx
lmage (jpg)	.jpeg, .jpe, .jpg
Image (dwg)	.dwg

ii. Uploaded file cannot exceed 10MB

iii. Each document has <u>one</u> uploaded file only. Multiple files should be combined into one before uploading.

3.4.2 Hardcopy Submission

Applicants could submit the required documents in hardcopy form or by email.

- If **iAM Smart digital signing** is not applied, documents (e.g. application form) that **require signature** must be submitted in hardcopy
- Where e-upload function is not available, documents that require no signature could be submitted by email to <u>orphf@dh.gov.hk</u>
- 1. Click checkbox and **Confirm Information** button.

					Print Draft 📄
Section I	Section II	Section III		Section IV	
Particulars of Day +	Scale and Scope of Partice	lars of Particulars of	Particulars of	◆ Particulars of CME	Confirm Information
Procedure Centre	Services Applican	L(Part 1) Applicant (Part 2)	Applicant (Part 3)		
to be displayed for public)					
Reference No.	D2200085				Porms/Documents
Licence Type	Day Procedure Centre Licence				
Estimated Application Fee	HK\$ 28,400				1
Application Status	Temporarily Saved]
Particulars of Day Procedure a. Name of the Day Procedure b. Name of the Day Procedure c. Address of the Day Procedure (hereinafter referred to as ' d. Address of the Day Procedure (hereinafter referred to as ' e. Telephone Number of the Day Proced (f. Fax Number of the Day Proced) f. Fax Number of the Day Proced g. E-mail Address of the Day Pro- g. E-mail Address of the Day Pro- h. Type(s) of practice of the Day h. Type(s) of practice of the Day	Centre (To be displayed for pub centre in Chinese: e Centre in English: lure Centre in English: lure Centre in English the Premises?): ure Centre in English the Premises?; Jay Procedure Centre: Procedure Centre: Procedure Centre: ay Procedure Centre:	ic) 示範の子目微醫療中心。 Demo Example DPC 九親任角323火焰大夏10A室 Flat A, 10, Flame Building, 323, M 25552696 (Telephone Number 1) 232324/4 (Telephone Number 2) 35553696 admin@newdpc.com MedGal Practice	eed findogn written f	equest	
Scale and Scope of Services a. Scale of Services provided	provided in the Day Procedure of in the Day Procedure Centre:	entre	Room type		Number
Back	I understand t	nat the application cannot be amend	ed online once subn	hitted.	Confirm Information 🚿
	Important	Notices Privacy Policy System Mainten	ance Contact Us		

2. Click **Print** button and **Download Document** button next to the documents.

	ference No.	D2200125		⑦ Forms/Document
Ap	plication Type	Day Procedure Centre Licence - New Application		
Est	timated Application Fee	HK\$ 28,400		
Ap	plication Status	Pending Submission		
ii) pi #	appication has NOT been comp aper channel.	Checklist of Documents	Submissio	on Channel
			Electronic 🛈	Panar (i)
1	Application Form for Day Proce	edure Centre Licence PHF 22		Print
2	Declaration by the Chief Medic	al Executive of the Day Procedure Centre PHF 24		Download Document
3	Copy of Certificate for Company	y/Organisation	Upload Document	
4	Documentation substantiating a applicant to handle all matters licence of the Centre	authorization in respect of the authorized representative to represent the related to the application for licence and all subsequent matters related to the	Upload Document	
5	Report for Application for Day F	Procedure Centre Licence PHF 25 - Part A (General)	Upload Document	Download Document
6	Report for Application for Day F	Procedure Centre Licence PHF 25 - Part A (Annex)		Download Document
7	Report for Application for Day F	Procedure Centre Licence PHF 25 - Part B5 (Haemodialysis)	Upload Document	Download Document
0	2-week duty roster of nursing s	taff and supporting care staff (with staff name) after commencement of each	Upload Document	
•	service			
9	Specialty qualification or training	ig record of nurse	Upload Document	

- 3. Prepare all the required documents stated in the document checklist.
- 4. Summit the required documents to the Office for Regulation of Private Healthcare Facilities, Department of Health on or before the stated deadline.

3.5 Digital Signing

3.5.1 Digital Signing by the Applicant and CME

If you are NOT the applicant / authorized representative or CME, please refer to section 3.5.2

1. Click **Sign and Submit** via iAM Smart button next to "Application Form" and "Declaration by the Chief Medical Executive"

e-Licensing Department of He The Government	g alth of the Hong Kong Special Administrative Region			
E 🏠 22/03/2022 10:26:17		EN 🧏	LEE, SIU MAN	Logout E
Application for Clinic	c Licence (Full Licence) - New Application			
Reference No.	C2200084		C	Eorms/Documents
Application Type	Clinic Licence (Full Licence) - New Application			
Estimated Application Fee	HK\$ 10,900			
Application Status	Pending Submission			
(ii) paper channel.	Checklist of Documents		Submission Cha	nnel
		Elect	rania 🛈	Paper 🛈
1 Application Form for Clinic Licent	ce PHF 32	Elect Sign at via iAl	nd Submit M Smart+	Paper ① Print and Sign
1 Application Form for Clinic Licens 2 Declaration by the Chief Medical	ce PHF 32 Executive of a Clinic PHF 34	Elect Sign ar via iAl Sign ar via iAl	nd Submit M Smart+ M Smart+	Paper ① Print and Sign Print and Sign
Application Form for Clinic Licens Declaration by the Chief Medical Photocopy of Certificate of Incorp	ce PHF 32 Executive of a Clinic PHF 34 Sociation of Company/Body Corporate/Society	Filest Sign ar via iAl Sign ar via iAl Up	Ad Submit M Smart+ M Submit M Smart+ Noad	Paper ① Print and Sign Print and Sign
Application Form for Clinic Licent Declaration by the Chief Medical Photocopy of Cettificate of Incorp Documentation substantiating au applicant the application for lic	ce PHF 32 Executive of a Clinic PHF 34 Donation of CompanyBody Corporate/Society thibrization in respect of the authorized representative to represent the ence	Floot Sign at Via iAl Sign at Via iAl Up	Ad Submit M Smart+ M Smart+ M Smart+ M Smart+ M Smart+	Paper ^① Print and Sign Print and Sign
Application Form for Clinic Licent Application Form for Clinic Licent Declaration by the Chief Medical Photocopy of Certificate of Incorg A Documentation substantiating au application for lic Layout plan of the clinic premiser 32A)	ce PHF 32 Executive of a Clinic PHF 34 Executive of a Clinic PHF 34 torization of Company/Body Corporate/Society thorization in respect of the authorized representative to represent the ence (drawn to the scale and format as specified in the Guidance note PHF(E))	Elect Sign ar via iAl Sign ar via iAl Uj Uj	volte ① Vid Submit Vid	Paper ⁽¹⁾ Print and Sign Print and Sign
Application Form for Clinic Licent Application Form for Clinic Licent Declaration by the Chief Medical Photocopy of Certificate of Incorp Documentation substantiating au applicant in the application for Clinic Li Layour plan of the clinic premises aReport for Application for Clinic L	te PHF 32 Executive of a Clinic PHF 34 sonation of Company/Body Corporate/Society thtorization in respect of the authorized representative to represent the ence s (drawn to the scale and format as specified in the Guidance note PHF(E) icence PHF 35	Elect Sign as via iAl Sign as via iAl Ug Ug	And Submit A Smart+ A Smart+ A Smart+ A Submit A Smart+ A Submit A Smart+ A A Smart A	Paper (1) Print and Sign Print and Sign
Application Form for Clinic Licent Application Form for Clinic Licent Declaration by the Chief Medical Declaration by the Chief Medical Declaration by the Chief Medical Declarentation substantiating au applicant in the application for Clinic L Szyour plan of the clinic premises 3zA) Report for Application for Clinic L zeweic dury roster of nursing sta service*	ce PHF 32 Executive of a Clinic PHF 34 biocration of CompanyBody Corporate/Society thilorization in respect of the authorized representative to represent the ence s (drawn to the scale and format as specified in the Guidance note PHF(E) icence PHF 35 ff and supporting care staff (with staff name) after commencement of each	Etert Sign at Via IAI Sign at Via IAI Ug Ug Ug Ug	Ad Submit of Sub	Paper (1) Print and Sign Print and Sign
Application Form for Clinic Licent Application Form for Clinic Licent Declaration by the Chief Medical Photocopy of Certificate of Incorg Documentation substantiating au applicant in the application for Clinic L Application for Clinic L Report for Application for Clinic L service* Servicet y qualification or training sta	the PHF 32 Executive of a Clinic PHF 34 booration of Company/Body Corporate/Society thtorization in respect of the authorized representative to represent the ence. (a (drawn to the scale and format as specified in the Guidance note PHF(E) icence PHF 35 ff and supporting care staff (with staff name) after commencement of each record of nurse*	Etert	vanit () vid Submit vid Submit vi	Paper ① Print and Sign Print and Sign

2a. Click radio button **Sign the document now as the Applicant / Authorized Representative** if you wish to sign the Application form



2b. Click radio button **Sign the document now as the Chief Medical Executive** if you wish to sign as the CME.

		Sign and Submit
Г	٠	Sign the document now as the Chief Medical Executive
	0	Send an email to wsy123@healthybody org and ask LEE, TAI YING to sign the document
		Contern V

3. Input HKIC no. without bracket.



4. Click Form Filling with iAM Smart e-ME to provide your HKIC's name.



5. e-Licensing will show the QR code. Login mobile app "iAM Smart" and scan the QR code with mobile device.

🦉 智方便(iAM Smart) 🗙 🕂	
← → C ☆ (■ apigw-isit.staging-eid.gov.hk/api/v1/auth/getQR?clientID=f01cad515fee4c96a6894ab44f4	9e547&source=PC_Browser&responseTyp 🛧 💕
iAM Smart	⊕ English ∨
< Back to online service Log in with iAM Smart :	
2. Tan the scan button in IAM Smart Ann	
Scan QR Code	
3. Scan the QR Code	

- 6. At your mobile device, click **Agree to use** in "iAM Smart" app.
- 7. At your mobile device, click **OK** button in "iAM Smart" app.
- 8. Click **View the document button** in e-Licensing platform to view **before** clicking **Continue with iAM Smart** button in e-Licensing platform.

Click "View the document" is required before you can continue in this step

	Sign your a	pplication w	ith "iAM Smi	art"	
Step 1 Obtain	Information		Step 2 Signing		
Your Informati Chinese Na	on: me:	李大蘭			
English Nar	ne:	LEE, TAI Y	/ING		
You are going Nease review Prease allow	to sign the follow once before sign locument pop-up-on-our w	ring docume ing: cosite)	ent.		
Department	of Health				
Service name ORPHF - e-	e: Licensing				
Document na Application	me: Form for Clinic Li	icence PHF	32 (C22000	08)	
Identification 0741	code: (will be d	lisplayed at	iAM Smart	for verificati	on)
Please follow	the steps below:				
 Record the Open 54M 	above information Smart* in mobile	on and ident	ification cod	e Ronde	
 Check the and complete 	document inform	ation and id	entification of	ode in 'iAM S	imart"

9. e-Licensing will show another QR code. Scan the QR code with "iAM Smart" app.

- 10. At your mobile device, click **Sign** button in "iAM Smart" app.
- 11. At e-licensing, system message "Your document has been signed." is shown. Click **OK** button to leave.

Sign and Submit	
Your document has been signed.]
Department name: Department of Health	
Service name: ORPHF - e-Licensing	
Document name: Application Form for Clinic Licence PHF 32 (C2200008)	
Signed at: 22 Mar 2022 10:43	
Signed by: LEE, TAI YING	
ок 🗸	

3.5.2 Send email for Digital Signing

If you are not the applicant / authorized representative or CME, you could send email to them for digital signing.

1. Click **Sign and Submit** via iAM Smart button next to "Application Form" and "Declaration by the Chief Medical Executive "

ł	e-Licensing Department of Healt The Government of	th the Hong Kong Special Administrative Region			
≡ Menu	6 22/03/2022 10:26:17		en 🗶	LEE, SIU MAN 🔻	Logout 🕞
Ø	Application for Clinic I	Licence (Full Licence) - New Application			
Re	ference No.	C2200084		0) Forms/Documents
Ap	plication Type	Clinic Licence (Full Licence) - New Application			
Est	imated Application Fee	HK\$ 10,900			
Ap	plication Status	Pending Submission			
Your (ii) pi	application has NOT been completed aper channel.	d yet. Please prepare the documents below and submit to the Office for Regu Checklist of Documents	ulation of Private	Healthcare Facilities th Submission Chan	hrough (i) electronic or
			Electro	onic (i)	Paper ①
1	Application Form for Clinic Licence R	PHF 32	Electro Sign and via iAM	onic ① I Submit Smart+	Paper ① Print and Sign
1	Application Form for Clinic Licence f Declaration by the Chief Medical Ex	PHF 32 ecutive of a Clinic PHF 34	Electro Sign and via iAM Sign and via iAM	Submit Smart+ Submit Smart+	Paper ① Print and Sign Print and Sign
1 2 3	Application Form for Clinic Licence F Declaration by the Chief Medical Ex Photocopy of Certificate of Incorpore	PHF 32 ecutive of a Clinic PHF 34 ation of Company/Body Corporate/Society	Electro Sign and via iAM Sign and via iAM Uple	submit Submit Submit Submit Smart+ sad	Paper ① Print and Sign Print and Sign
1 2 3 4	Application Form for Clinic Licence f Declaration by the Chief Medical Exe Photocopy of Certificate of Incorpore Documentation substantiating autho applicant in the application for licence	PHF 32 ecutive of a Clinic PHF 34 ation of Company/Body Corporate/Society irization in respect of the authorized representative to represent the ce	Electro Sign and via iAM Sign and via iAM Upk	I Submit Smart+ Smart+ Smart+ Smart+ Sad	Paper () Print and Sign Print and Sign
1 2 3 4 5	Application Form for Clinic Licence I Declaration by the Chief Medical Ex- Photocopy of Certificate of Incorpors Documentation substantiating autho applicant in the application for licenc Layout plan of the clinic premises (d 32A)	PHF 32 ecutive of a Clinic PHF 34 ation of Company/Body Corporate/Society ation of Company/Body Corporate/Society ativation in respect of the authorized representative to represent the se frawn to the scale and format as specified in the Guidance note PHF(E)	Electro Sign and via iAM Sign and via iAM Upk	nic ① Submit Submit Submit Submit Saad aad aad aad	Paper ① Print and Sign Print and Sign
1 2 3 4 5 6	Application Form for Clinic Licence F Declaration by the Chief Medical Ex Photocopy of Certificate of Incorpor Documentation substantiating autho applicant in the application for learn Layout plan of the clinic premises (d 32A) Report for Application for Clinic Licen	PHF 32 ecutive of a Clinic PHF 34 ation of Company/Body Corporate/Society virzation in respect of the authorized representative to represent the ce knawn to the scale and format as specified in the Guidance note PHF(E) nce PHF 35	Electro Sign and via IAM Sign and via IAM Upk Upk	Isubmit Smart+ Swart+ Sad Sad Sad	Paper () Print and Sign Print and Sign
1 2 3 4 5 6 7	Application Form for Clinic Licence f Declaration by the Chief Medical Ex- Photocopy of Certificate of Incorpor Documentation substantiating autho applicant in the application for licenc Layout plan of the clinic premises (d 32A) Report for Application for Clinic Lice 2-week duy roster of nursing staff a service"	PHF 32 ecutive of a Clinic PHF 34 ation of Company/Body Corporate/Society inization in respect of the authorized representative to represent the tee knawn to the scale and format as specified in the Guidance note PHF(E) nice PHF 35 of aspporting care staff (with staff name) after commencement of each	Electro Sign and via IAM Upk Upk Upk	Net O	Paper ① Print and Sign Print and Sign
1 2 3 4 5 6 7 8	Application Form for Clinic Licence F Declaration by the Chief Medical Exe Photocopy of Certificate of incorpore Documentation substantiating autho applicant in the application for learning Layout plan of the clinic premises (d 32A) Report for Application for Clinic Lices 2-week duty roster of nursing staff a service*	PHF 32 ecutive of a Clinic PHF 34 ation of Company/Body Corporate/Society rization in respect of the authorized representative to represent the traver to the scale and format as specified in the Guidance note PHF(E) nice PHF 35 ind supporting care staff (with staff name) after commencement of each cord of nurse*	Electro Sign and via iAM Sign and via iAM Uph Uph Uph Uph	Net O	Paper ① Print and Sign Print and Sign

Licensina Division

2. Click Send an email to xxx and ask xxx to sign the document

	Sign and Submit	
0	Sign the document now as the Authorized Representative	
\circ	Send an email to cwc777@healthybody org and ask LEE, TAI YING to sign the document	
	Cancel	
	Sign and Submit	
0	Sign and Submit	
0	Sign and Submit Sign the document now as the Chief Medical Executive Send an email to wsy123@healthybody.org and ask LEE, TAI YING to sign the document	

- 3. Email has been sent to the applicant / authorized representative or CME.
- 4. Applicant / authorized representative or CME clicks the link in the email.

From:	orphf system@dh.gov.hk (Testing)
Sent:	2022-03-22 11:00:16
10: Subjects	demouser@gmail.com
Subject.	Application for Clinic Licence (C220000s) - Document Requiring Signing of IAM Smart 中国部分析序单键 - 文中行 省力度] 劇時最終
(This is an automatic	email generated by the e-Licenzing, pleaze do not reply to this email.)
Dear LEE Tai Ying,	
	Application for Clinic Licence (Document requiring signing by iAM Smart) Reference No: C2200008
To further process the	captioned application for Demo Healthy Clinic to be submitted through e-Licensing, the following document(s) needs to be signed by you.
- Declaration by the O	Thief Medical Executive of a Clinic PHF 34
Please prepare your i. https://dhservice1.had	AM Smart App and click the following link to sign the document(s): lev.org.hk_Submission_Test.Main.Lobby.appt?a=iaada&c=eemoMOnTXiaOHXCh1V2a⟨=en
For enquiries, please	contact us by phone at (\$52) 3107 8451 or email (orphf@dh.gov.hk).
Licensing Division Office for Regulation Department of Health	of Private Healthcare Facilities
c.c. LEE Siu Man	
Note: It is your responsibili	ty to ensure all the documents submitted are complete and valid. It is a criminal offence to make a faile statement. You must ensure that all information provided is true and accurate.
(這是由電子牌昭系)	統目動發出的電影, 蔣不要回復此電影,)
致李大瑩:	

5. Input HKIC no. (without bracket) in the e-Licensing platform.

e-Licensing Department of Health The Government of the Hong Kong Special Administrative Region		
iAM Smart Digital Signing		EN X
You are going to perform a digital signing using your IAM Smart in a 2-step process. Step 1: Obtain your Chinese Name, English Name and HKIC No. for ventication Step 2: Perform digital signing To consent to the above actions, please fill in your HKIC No. and press "Next" button.		
HKIC No.: No bracket is required. Please input A1234567 for HKIC No. of A123456(7)		
Kext Next 🗸		
Important Notices Privacy Policy System Maintenance	Contact Us	

- 6. Repeat steps 4-11 in section 3.5.1.
- 7. Confirmation email will be sent to applicant / authorized representative after they have signed the document via iAM Smart.

From: Sent: To: Subject:	orphf.system@dh.gov.hk (Testing) 2022-03-22 11:36:11 demouser@gmail.com Application for Clinic Licence (C2200008) - Completion of document signing by iAM Smart 申請診所牌照 - 完成「智方便」數碼簽署
(This is an automatic	email generated by the e-Licenzing, pleaze do not reply to this email.)
Dear LEE Tai Ying,	
	Application for Clinic Licence (Completion of Document Signing by iAM Smart) Reference No: C2200008
The following docum	nent(s) has been signed by iAM Smart.
Document: - Declaration by the O	Chief Medical Executive of a Clinic PHF 34
Signed at: 22 Mar 20	22 11:09
For enquiries, please	contact us by phone at (852) 3107 8451 or by email (<u>orphf@dh.gov.hk</u>).
Licensing Division Office for Regulation Department of Health	of Private Healthcare Facilities
c.c. LEE Siu Man	
Note: It is your responsibili	ty to ensure all the documents submitted are complete and valid. It is a criminal offence to make a false statement. You must ensure that all information provided is true and accurate.

3.6 Duplicated Chief Medical Executive

If the number of PHF served by a chief medical executives (CME) exceeds the limit, the following pop-up message will be shown.



1. Click Go back and Edit button to edit the information of CME;

Or

Click **Confirm and Proceed** button to proceed.

3.7 Temporarily Save Data During Form Filling

Online application form can be temporarily saved by the following methods:

- 1. Click **Save** button; or
- 2. Click **Print Draft button** on the top right corner (For window pop-up matter, please refer to **Appendix 1**); or
- 3. Click the navigation bar; or
- 4. Click **Save and Continue** button.

Ø	Application for Hospital Licence						
Ref	erence No. H2000184	⑦ Forms/Documents					
Part	Section I Section I Section II Particulars of Hospital (Part 1) + Particulars of Applicant + Particulars of CME Confirm Information						
Sec	tion I - Particulars of Hospital (Part 1 / 2)						
a.	Name of the Hospital in Chinese:						
b.	Name of the Hospital in English:						
c.	Address of the Hospital in Chinese (referred to hereinafter as "the premises of the hospital"):	Area ✓ I ✓ Flumber and Name of Road/Street Subdiop/Block Floor e.g. GdP, 1-3dF					
d.	Address of the Hospital in English (referred to hereinafter as "the premises of the hospital")	(0.00) • Add Additional Additional • Add Additional Additional • Add Additional Additional • Add Additional Additional					
е.	Telephone Number of the Hospital:						
f.	Fax Number of the Hospital:						
g.	E-mail Address of the Hospital:						
h.	Intended date of commencement of operation of the Hospital:	DD-MM-YYYY					
•	Back	Save 🛤					

3.8 Edit Information for a Temporarily Saved Form

- 1. Login the System.
- 2. The list of outstanding licence application is shown. Click **Go** button in the Task list.

Or

Click Licence Application button on the left menu bar.

3. All existing applications will be listed. Click the reference number of the application with the status "**Temporarily Saved**".

My Application						
Reference No.	Licence	<u>Status</u>	Remark			
H2000184	Hospital Licence	Temporarily Saved				
H2000185	Hospital Licence	Pending Hardcopy Submission				

4. A screen of application preview is loaded. Click **Continue** Button.

Reference No.	H200018	4	Porms/Docume
Licence Type	Hospital L	icence	
Application Status	Tempora	ily Saved	
Last Update Time	07 Jul 20	20 14:15	
Section I - Particulars of Hosp	ital		
 Name of the Hospital in Chi 	nese:	示範中文名	
D. Name of the Hospital in En	lish:	Demo Name EN	
Address of the Hospital in C	hinese:	1. 新界荃灣8642室	
		2. 九龍鑽石山20181614室	
d. Address of the Hospital in E	inglish:	1. Flat 1, 3, 5, 7, Tsuen Wan, New Territories	
		2. Flat 13, 15, 17, 19, Diamond Hill, Kowloon	
e. Telephone Number of the H	lospital:	25552666	
Fax Number of the Hospital	:	35553666	
E-mail Address of the Hosp	ital:	admin@newhospital.com	
 Intended date of commence 	ement of	01 Jan 2021	
operation of the Hospital:			
i. Scale and scope of service	intended to be	e provided in the premises of the Hospital:	
(including all information lis	ed in Tables	1 to 4 below)	
Table 1: Number of In-patie	nt Beds		
			Annakar at is patient Dada
A Dock			Continue to Estit

- 5. The previous editing page is loaded. Edit the information as needed. Refer to **Section 3.2** for input online form.
- Click Save button or Save and Continue button.
 <u>Remarks:</u> Applications with status other than "Temporarily Saved" cannot be edited.

3.9 Remove Application

- 3.9.1 Remove Temporarily Saved Application by the Applicant
 - 1. Repeat steps 1-3 in **Section 3.8.**
 - 2. A screen of application preview is loaded. Click **Remove** button.

Ø	Application for Ho	spital Licer	ice			
Re	ference No.	H2000184			Porms/Docum	ients
Lic	ence Type	Hospital Licenc	9			
Ap	plication Status	Temporarily Sa	ved			
La	st Update Time	07 Jul 2020 14:	15			
Se a.	ction I - Particulars of Hospita Name of the Hospital in Chine	ll se:	示範中文名			^
b. c.	Name of the Hospital in Englis Address of the Hospital in Chi	sh: nese:	Demo Name EN 1. 新興至場9642室 2. 九銅鑽石山20181614章			
d.	Address of the Hospital in Eng	llish:	 Flat 1, 3, 5, 7, Tsuen Wan, New Territories Flat 13, 15, 17, 19, Diamond Hill, Kowloon 			
e.	Telephone Number of the Hos	spital:	25552666			
f.	Fax Number of the Hospital:	Ŀ	35553666			
9. h.	Intended date of commencem operation of the Hospital:	ent of	01 Jan 2021			
i.	Scale and scope of service int (including all information listed	ended to be prov I in Tables 1 to 4	ided in the premises of the Hospital: below)			
	Table 1: Number of In-patient	Beds				
	Nove Ma		01: D	Number of Is	Dd	ľ
	Back			Continue to Edit	Remove	Ŵ

3. Click **Confirm** button.

Remove
Confirm to remove this application?
Warning: This action cannot be undone!
Cancel Confirm 🗸

4. Click OK button.

Ø A	pplication for Hospital Licence	
\checkmark	The application has been removed.	
0		_

3.9.2 Remove Pending Submission Application by the Applicant

- 1. Login the System.
- 2. The list of outstanding licence application is shown. Click **Go** button in the Task list.

Or

Click Licence Application button on the left menu bar.

- 3. All existing applications will be listed. Click the reference number of the application with the status "**Pending Submission**".
- 4. The Submission Instruction page is shown. Click **Remove Application** button at the bottom.

	Checklist of Documents	Submissi	mission Channel		
		Electronic 🛈	Paper 🛈		
1	Application Form for Day Procedure Centre Licence PHF 22		Print		
2	Declaration by the Chief Medical Executive of the Day Procedure Centre PHF 24		Download Document		
3	Copy of Certificate for Company/Organisation	Upload Document			
4	Documentation substantiating authorization in respect of the authorized representative to represent the applicant to handle all matters related to the application for licence and all subsequent matters related to the licence of the Centre	Upload Document			
5	Report for Application for Day Procedure Centre Licence PHF 25 - Part A (General)	Upload Document	Download Document		
6	Report for Application for Day Procedure Centre Licence PHF 25 - Part A (Annex)		Download Document		
7	Report for Application for Day Procedure Centre Licence PHF 25 - Part B5 (Haemodialysis)	Upload Document	Download Document		
8	2-week duty roster of nursing staff and supporting care staff (with staff name) after commencement of each service*	Upload Document			
9	Specialty qualification or training record of nurse*	Upload Document			
10	Layout plan of the premises of the day procedure centre (drawn to the scale of not less than 1:100)	Upload Document			
For enquines, please contact the Office for Regulation of Private Healthcare Facilities, Department of Health by phone or email as indicated below. Licensing Division Office for Regulation of Private Healthcare Facilities Department of Health 6/F. Guardian House 32:0 Kiwan Road Wan Ches I keed Yang					
/F, (2 O /an	i Kwan Road Chai, Hong Kong				

5. Click **Confirm** button in the popup box.

Remove
Confirm to remove this application?
Warning: This action cannot be undone!
Cancel

3.9.3 Remove Application by the System

Applications will be removed by the System automatically in the following conditions:

- 1. 2 years after the last updated date of an application; AND
- 2. Not yet submitted the hardcopy.

Remarks:

An application is expired and cannot be further edited when

- i. the specific period, if any, has passed;
- ii. the intended date of commencement of operation of the private healthcare facility has passed.

3.10 Reprint Application Form and Declaration Forms after Submission

1. Login the System.

- 2. Click **"My Application"** button on the left menu bar.
- All existing applications will be listed. Click the reference number of the application (Except those with status "Temporarily Save") you wish to reprint. For window pop-up matter, please refer to Appendix 1.
- 4. Repeat steps 2 in Section 3.4.2.

4 DPC Provisional Licence to Full Licence

After document vetting for the DPC Provisional Licence application has been completed, a respective new Full Licence application will be generated automatically, with the same application information of the Provisional Licence application. Applicant can check the progress of the DPC Full Licence application as follows:

- 1. Login the System.
- 2. Click Licence Application button on the left menu bar.
- 3. All existing applications will be listed. Click the reference number of the DPC Full Licence application (The reference number without a suffix "P") to check the progress

My Application							
Reference No.	Licence	<u>Status</u>	Remark				
D2005729	Day Procedure Centre Licence (Full Licence)	Document Vetting in Progress					
D2005729P	Day Procedure Centre Licence (Provisional Licence) For submission from 2 January 2020 to 30 April 2020 by Day Procedure Centres in operation on 30 November 2018	Pending Application Result	Continue to D2005729 for Application for Full Licence				

OR

Click the reference number of the DPC provisional Licence application then click **"View Progress of Full Licence**" button to check the progress.



5 Variation of Service/ Particulars for Private Healthcare Facilities Licence

When there is any change on the scale or scope of services and particulars of a licensed private healthcare facility, the licensee should apply "Variation of Service" through e-Licensing.

5.1 Create an Application for Variation of Service / Particulars

5.1.1 Starting a Variation of Service Application from "Licence Profile"

- 1. Login the System.
- 2. Click Licence Profile button.

e-Licens Department The Government	sing of Health ment of the Hong Kong Special Administrative Region	\vee		DEV(P2F)
03/11/2020 14:0	4:53	en 🚊	SO, WING TAI ▼	Logout 💽
My Application	HOME			
Licence Profile	Last login was successful on 03 Nov 2020 14:03			
C	You do not have any outstanding tasks.			

3. Click the hyperlink of the licence

e-Licensing Department of Health The Government of the Hong Kong Special Administrative Reg		DEV(P2F)
E A 07/12/2020 11:47:49	EN 🕱 SO, WING TAI 🔻	Logout 📑
Licence Profile		
My Licence Profile		
PHF No. A PHF Name	Validity Period	Licence Status
DP000147 Apple Day Procedure Centre	01 Jan 2021 - 31 Dec 2023 A	ctive

4. Review and licence information. Click **Apply for Variation of Service/Particulars** button at the bottom.

		Chinese medicine service	Yes	
		Others (e.g. Audiology service, Speech therapy service)	No	
	e. Please state if the following medical facilities are applicable	Medical facilities		
	to this Centre:	Critical care area(s) other than operating room is/are set up in this Centre (e.g. recovery area)	Yes	
		Medical gas pipeline system is installed in this Centre	Yes	
	Ap	ply for Variation of Service / Particulars		
1				.

- 5. Click the declaration checkbox.
- 6. Click **Proceed** button.

Declaration	
	☐ I have read, understood and agreed with the above terms and conditions.
Back	Proceed >>

7. A reference No. is generated. Click **Proceed** button to start the application.

Em 67/12/2020 12:14:06	EN 1 SO, WING TAI ▼ Logout 🕞
Application for Day Procedure Centre Licence - Variation of Service / P	articulars
New application has been created.	
Reference No. D2007208V	
This application has been linked to your account, you can always review the application in the first page of this function.	
Proceed ≫	

5.1.2 Starting a Variation of Service Application from "My Application"

- 1. Login the System.
- 2. Click **My Application** button.

e-Licens Department The Government	sing of Health ment of the Hong Kong Special Administrative Region			DEV(P2F)
03/11/2020 14:0	4:53	EN 🛣	SO, WING TAI -	Logout 🖶
Why Application Licence Profile User Guide	HOME Last login was successful on 03 Nov 2020 14:03			

- 3. Click the radio button of **Day Procedure Centre** under **Application for Variation of Service /Particulars**.
- 4. Click **Proceed** button.



5. Click Apply for Variation of Service / Particulars button.

e.	Please state if the following medical facilities are applicable	Medical facilities		
	to this Centre:	Critical care area(s) other than operating room is/are set up in this Centre (e.g. recovery area)	Yes	
		Medical gas pipeline system is installed in this Centre	Yes	
	Apply for V	ariation of Service / Particulars		

- 6. Click the declaration checkbox.
- 7. Click **Proceed** button.



8. A reference No. is generated. Click Proceed button to start the application.

E 6 07/12/2020 12:14:06	EN 🛣 SO	D, WING TAI ▼	Logout 🗗
Application for Day Procedure Centre Licence - Variation of Service / P	articulars		
New application has been created.			
Reference No. D2007208V This application has been linked to your account, you can always review the application in the first page of this function.			
This application has been linked to your account, you can always review the application in the first page of this function.			
Proceed 义			

5.2 Input Online Form

5.2.1 Hospital Licence

For account users of licensed hospitals, please log in e-Licensing and read "**User Guide for Hospitals**" or details.

5.2.2 Day Procedure Centre Licence

- 1. Choose the section(s) to be amended.
- 2. Click Next button.

in no.	DP000147	View My Licence Profile
ame of DPC	Apple Day Procedure Center	
ould like to apply	for the following variation(s) of service / particulars for my DPC:	
	Type of Variation of Service / Parti	ticulars
Section A	1 - Change of DPC Particulars	
Section A	2 - Change of Particulars of Existing Licensee	
Section A	3 - Change of Particulars of Authorized Partner / Authorized Representative of Compa	any or Organisation
Section A	4 - Change of Particulars of Chief Medical Executive (CME)	
Section A • Chang • Chang • Chang • Chang • Chang • Chang • Chang • Chang	5 - Variation of DPC Service e of type of practice e in the number of rooms e of specialized service or its particular medical procedures e of clinical and clinical supporting service e in healthcare engineering systems or installations, water treatment and distribution : e in layout plan of the premises other than the above variations e of DPC address as a result of the above variations	system

- The section(s) that have been selected will be shown at the top. Existing information will be shown in each section. Input the new information in the field(s) that needed to be updated.
- 4. Change effective date of the VOS application if necessary.

The	Government of the H	ong Kong Special Adı					
E 🏠 22/01	/2021 11:36:22						Logout 🕞
Applicat	ion for Day Proced	ure Centre Licence	- Variation of	f Se	rvice / Particulars		
eference No.	D2100067V	PHF No.	DP000022		Porms/Documents		Print Draft 👼
Section A1	Section A2	Section A	3		Section A4	Section A5	
hange of DPC Particulars	Change of Particulars of Existing Licensee	Change of Particulars of Au Authorized Representative Organisatio	thorized Partner / e of Company or n	*	Change of Particulars of Chief Medical Executive (CME)	Variation of DPC Service	Confirm Information
ection A1 - Cha	ange of DPC Particulars						
						Effectiv	e Date: 22-01-2021
DPC Name after	Amendment Cu	rrent			New		
(in Chinese)	河馬日間醫療中心						

- 5. Click **Save and Continue button** when completed each page.
- 6. Click checkbox on the **Confirm Information** page.

7. Click Confirm Information button.

Change of D Particular	<u>PC</u> §	Change of Particulars of Existing Licensee	+	Change of Partie	culars of Chief Medical Executive (CME)	>	Variation of DPC Service	+	Confirm Information
Important Notic The data you ha once submitted.	<mark>xes</mark> ve input are Any subseq	now displayed below for confirmation. Y uent request to rectify errors or omission	∕ou an ns in tl	e advised to chec he application car	k the accuracy of the data carefull be submitted through written req	y as t uest.	he application cannot l	oe am	ended online
Section A1 - Ch	nange of DP	PC Particulars							
Di o Ivanie alter	Amenumer	Current					New		
(in Chinese)	永泰日間署	醫療中心			(Same as current)				
(in English)	Wing Tai D	Day Procedure Center			(Same as current)				
Contact Informa	tion of DPC	after Amendment							
		Current				Ne	w		
Telephone Nur	nber:	25552666 (Telephone Number 2 23232424 (Telephone Number 2	1) 2)	25 (Sa	552665 ime as current)				
Fax Number:		35553666		(Sa	ime as current)				
E-mail Address	5:	admin@wingtaidpc.com		(Sa	ime as current)				
DPC Address af	ter Amendm	ent (Renaming of Road/Street/Building,	re-nu	mbering of floor/fl	at/room/shop)				
		Current			N	ew			
		I understand that	t the a	pplication cannot	be amended online once submitte	ed.			
🔦 Back							Conf	irm In	formation ≫

8. Submit the required documents via e-Upload or hardcopy form. Please refer **section 3.4.1** for e-Upload and **section 3.4.2** for hardcopy submission.

Remarks:

i) Section A1 (Change of DPC Particulars)

DPC Name after	Amendment										
DPG Name alter	Amenament		Current				Ne	w			
(in Chinese) :	永泰日間醫療	東中心									
(in English)	Wing Tai Day Procedure Center										
Contact Informati	on of DPC a	fter Am	endment								
			Current					New			
Telephone Num	ber:	1	25552666 (Telephone Number 1))			(Telepho	one Number 1)			
		2	23232424 (Telephone Number 2))			(Telepho	one Number 2)	C Rem	ove Curr	ent
Fax Number:		3	35553666		Remove Current						
E-mail Address:	mail Address: admin@wingtaidpc.com				Remove Current						
PC Address afte	er Amendme	nt (Ren	admin@wingtaidpc.com naming of Road/Street/Building, r Current 旺商西洋蓝来很323號陽光宽着力	re-numberi 大樓7A萊	ng of floor/flat/roo	1/shop)	N	ew		Remov	re Current
PC Address afte (in Chinese)	er Amendme	nt (Ren 九龍	admin@wingtaidpc.com naming of Road/Street/Building, r Current I旺向西洋菜南街323號陽光商業力	re-numberi 大樓7A至	ng of floor/flat/roo	n/shop) Laddress	N	ew		Remov	re Current
)PC Address afte (in Chinese)	er Amendme	ent (Ren 九龍 日室	admin@wingtaidpc.com naming of Road/Street/Building, r Current 旺角西洋蓝南街323號陽光商業プ	re-numberi 大樓7A至	ng of floor/flat/roo Copy curre 九龍	n/shop) address ~ 油沃	N	ew V	(旺角	Remov	ve Current
OPC Address afte	er Amendme	ent (Ren 九龍 B室	admin@wingtaidpc.com haming of Road/Street/Building, r Current 旺向西洋蓝南街323號陽光商業/	re-numberi 大樓7A至	ng of floor/flat/roo Copy curre 九龍 Number and N	v/shop) address マ 油浜 me of Road/Str	N 計画 reet	ew V	(旺角	Remov	ve Current
OPC Address afte	er Amendme	ent (Ren 九龍 B室	admin@wingtaidpc.com naming of Road/Street/Building, Current 旺角百译篇南街323號陽光商業7	re-numberi 大樓7A至	ng of floor/flat/roo Copy curre 九雕 Number and Ni Building/Block	N/shop) ■ address ■ 一 油原 me of Road/Str	N eet	ew v)(旺角	Remov	re Current
)PC Address afte (in Chinese)	er Amendme	ent (Ren 九龍 B室	admin@wingtaidpc.com naming of Road/Street/Building, r Current 旺角西洋蓝南街323號福光弯東/	re-numberi 大樓7A至	ng of floor/flat/roo Copy curre 九龍 Number and Ni Building/Block Floor e.g. G/F,	Nshop) address v 演演 me of Road/Str -3/F	N 細画 eet	ew v)(旺角	Remov	ve Current
DPC Address afte	er Amendme	nt (Ren 九離 B室	admin@wingtaidpc.com naming of Road/Street/Building, r Current 旺角酉洋當南街323號藩光弯簧/	re-numberi 大樓7A至	ng of floor/flat/roo Copy curre 九龍 Number and N Building/Block Floor e.g. G/F, (0/80)	N/shop) address マ 油泉 me of Road/Str -3/F	N eet	ew ~ ()(旺角	Remov	ve Current
(in Chinese)	er Amendme	nt (Ren 九龍 日室	admin@wingtaidpc.com naming of Road/Street/Building, r Current 旺角西洋蓝南街323號福光弯簧/ A-B, 7, Sunshine Commercial Bo	re-numberi 大樓7A至 uilding,	ng of floor/flat/roo Copy curre 九欄 Number and N Building/Block Floor e.g. G/F, (0/80) Copy curre	V/shop) address 、 演乐 -3/F	N eet]	ew ~] [旺角	Remov	ve Current
(in Chinese)	er Amendme	nt (Ren 九龍 B室 Flat 323 Kow	admin@wingtaidpc.com naming of Road/Street/Building, r Current 旺角西洋蓝南街323號福光弯着/ 田角西洋蓝南街323號福光弯着/ A-B, 7, Sunshine Commercial B Sai Yeung Choi South Street, Me doon	re-numberi 大塘7A至 uilding, ongkok,	ng of floor/flat/roo Copy curre 7.48 Number and N Building/Block Floor e.g. G/F, (0/80) Copy curre 	Nshop) address > 油炭 me of Road/Str -3/F	N eet loor e.g. G/F, 1	w - ▼	旺角	Remov	ve Current
(in Chinese)	er Amendme	ent (Ren 九龍 B室 Flat 323 Kow	admin@wingtaidpc.com aming of Road/Street/Building, r Current I단角百译英帝伯323號藩光帝唐7 A-B, 7, Sunshine Commercial Bt Sai Yeung Choi South Street, Me foon	tre-numberi 大樓7A至 uilding, ongkok,	Gopy curre T.R Number and N. Building/Block Floor e.g. G/F, (0/80) Copy curre Building/Block	Vishop) address w 油泉 me of Road/Str address address F F	N eet loor e.g. G/F, 1	₩ ▼ 	[[]]	Remov	ve Current
(in English)	er Amendme	ent (Ren 九龍 B室 Flat, 323 Kow	admin@wingtaidpc.com haming of Road/Street/Building, r Current 旺角西洋首南街323號藩光背景/ A-B, 7, Sunshine Commercial B Sai Yeung Choi South Street, Me doon	tre-numberi 大樓7A至 uilding, ongkok,	ng of floor/flat/roo Copy curre 72.88 Number and N. Building/Block (0/80) Copy curre 	Vshop) I address v 涵沢 me of Road/Str address F me of Road/Str	N 改画 eet looreg.GrF,1 eet	ew ▼ ▼ -3/F	(四月)	Remov	ve Current
(in English)	er Amendme	((Rent (Rent 力開 日室	admin@wingtaidpc.com haming of Road/Street/Building, r Current 旺角西洋菜南街323號藩光弯榮/ A-B, 7, Sunshine Commercial Bu Sai Yeung Choi South Street, Me foon	re-numberi 大樓7A至 uilding, ongkok,	Copy curre 7.8 Number and N BuildingBlock Floor e.g. G/F, (080) Copy curre - •] BuildingBlock	Vshop) (address () 海浜 me of Road/Str (address) F me of Road/Str () () () () () () () ()	N eet looreg.GiF,1 eet Yau Tsim Mon	ew ▼ ▼ -3/F	EE角	Cowloon	ve Current

ii) Section A2 (Change of Particulars of Existing Licensee) Solo Proprietor

Change of DPC Particulars	Change of Particulars of Existing Licensee	Change of Particulars of Chief Medical Executive (CME) Variation of DPC Confirm Information
Section A2 - Change	of Particulars of Existing Licensee	
pe of Applicant: Sole I	Proprietor	
Change of Name of E	xisting Licensee	
	Current	New
1 Name (Chines	e) 王永泰先生	(Surname) (Given Name) (Title)
Name (English) Mr WONG, WING TAI	Mr (Title) (Surname) (Given Name)
Correspondence of Li	censee after amendment	
	Current	New
(Chinese):	7.相對痛至量老低可以對尊大時無人傳204至8差	Copy DPC Address Area District Number and Name of Road/Street Building/Block Floor e.g. GiF, 1-3/F (0/80)
Correspondence of the Licensee (English):	Flat A-B, 28, Spring Commercial Building, 513 Argyle Street, Kwun Tong, Kowloon	Copy DPC Address V Floor e.g. G/F, 1-3/F Building/Block Number and Name of Road/Street V (0'160) (0'160)
Telephone Number:	21112555	
Fax Number:	31113555	Remove Current
E-mail Address:	admin@wingtaidpc.com	
Sack	l	Save 🔛

Company

Change of DPC Particulars Section A2 - Change	Change of Particulars of Existing Licensee Char of Particulars of Existing Licensee	ige of Particulars of Authorized Partner / Authorized Representative of Company or Organisation
Type of Applicant: Comp	any / Organisation	
Change of Name of E	xisting Licensee	
	Current	New
Name of Company / Organisation (Chinese):	香港健康身體有限公司	
Name of Company / Organisation (English):	Hong Kong Healthy Body Limited	
Correspondence of Li	censee after amendment	
	Current	New
Correspondence of the Licensee (Chinese):	九龍旺角西洋菜南街323號陽光商樂大樓7A至B 室	Copy DPC Address Area Imber and Name of Road/Street

Partnership

Sect	on A1 Se	ction A2	Section A3		Section A4	Section A5	
ange Parti	e of DPC culars	of Particulars	Change of Particulars of Authorized Representative of Organisation	orized Partner / f Company or	Change of Particulars of Chief Medical Executive (CME)	Variation of DPC Service	Confirm Information
ectic Chan	n A2 - Change of Pa	articulars of Existin	g Licensee				
Only	applicable to change of	f particulars of existin	glicensee				
		Current			New		Remov Partne
1	Name (Chinese):	陳永莊先生	(Surname)	(Given Name)	先生 (Title)		
	Name (English):	Mr CHAN, WING C	HONG Mr (Title)	(Surname)	, (Given Na	me)	
2	Name (Chinese):	陳文大醫生	(Surname)	(Given Name)	醫生 (Title)		
	Name (English):	Dr CHAN, MAN TA	Dr (Title)	(Surname)	,(Given Na	me)	
3	Name (Chinese):	陳大文太太	(Surname)	(Given Name)	太太 (Title)		
	Name (English)	Mar CUANI TALMA					

iii) Section A3 (Change of Particulars of Authorized Partner/ Authorized Representatives of Company or Organisation

Company

Change of DPC Particulars	<u>Change of Particulars of Existing</u> <u>Licensee</u>	ange of Particulars of Authorized Partner / Authorized Representative of Company or Organisation Company
ection A3 - Change	of Particulars of Authorized Partner / Auth	prized Representative of Company or Organisation
Change of authorized representative of com	partner / authorized O Ci pany or organisation at	ange of particulars of existing authorized partner / thorized representative of company or organisation
	Current	New
Name (Chinese):	王永泰先生	(Surname) (Given Name) (Title)
Name (English):	Mr WONG, WING TAI	(Title) (Surname) (Given Name)
Hong Kong Identity Card Number:	******	Hong Kong Identity Card Number (e.g. A123456(7)) Passport Number Piace of Issue Piease select
Position in the Company / Organisation:	CEO	
Telephone Number:	21112555	
E-mail Address:	admin@wingtaidpc.com	
Back		Save 🖺 Save and Continue

Partnership

Change of DPC Particulars Section A3 - Change	Change of Particulars of Existing Licensee Char of Particulars of Authorized Partner / Author	ge of Particulars of Authorized Partner / Authorized Representative of Company or Organisation
 Change of authorized representative of com 	i partner / authorized Char pany or organisation auth	nge of particulars of existing authorized partner / orized representative of company or organisation
	Current	New
Name (Chinese):	王永泰先生	(Surname) (Given Name) (Title)
Name (English):	Mr WONG, WING TAI	(Title) (Surname) (Given Name)
Telephone Number:	21112555	
E-mail Address:	admin@wingtaidpc.com	
Back	(Save 🖺 Save and Continue 📡

iv) Section A4 (Change of Particulars of Chief Medical Executive (CME))

Change of DPC Change of Particul Particulars Licens	ee Change of Part	iculars of Chief Medical Executive (CME) Variation of DPC Service Confirm Information
Section A4 - Change of Particulars of Chief N	ledical Executive (CME)	
Change of CME O Change of	particulars of existing CME	
	Current	New
Name of the Chief Medical Executive in Chinese (As stated on Hong Kong Identity Card):	王永泰	(Surname) (Given Name)
Name of the Chief Medical Executive in English (As stated on Hong Kong Identity Card):	WONG, WING TAI	(Surname) (Given Name)
Hong Kong Identity Card Number:	****	
Registration Number under Medical Registration Ordinance (Cap. 161):	M11559	
Year of First Registration under Medical Registration Ordinance (Cap. 161):	1998	(Chief Medical Executive has to be registered for not less than 6 years)
Telephone Number:	25512551	
Fax Number:	35513551	Remove Current
E-mail Address:	admin@wingtaidpc.com	
Change of DPC Particulars	Ilars of Existing	rrticulars of Chief Medical Executive (CME) Variation of DPC Service Confirm
Section A4 - Change of Particulars of Chief	Medical Executive (CME)	
Change of CME Change of CME	f particulars of existing CME	
	Current	New
Name of the Chief Medical Executive in Chinese (As stated on Hong Kong Identity Card):	王永泰	(Surname) (Given Name)
Name of the Chief Medical Executive in English (As stated on Hong Kong Identity Card):	WONG, WING TAI	(Surname) (Given Name)
Telephone Number:	25512551	
Fax Number:	35513551	Remove Current
E-mail Address:	admin@wingtaidpc.com	
Sack	Save	Save and Continue

v) Section A5 (Variation of DPC Service)

NOT applicable for provisional	licence
--------------------------------	---------

A5 - Variation of DPC Service	
Please list out the variation details E.g. Addition of dental practice and a consultation room for den treatment room; change of the store room into a drug dispensin	ist; modification of the sterilisation room into a clean room and a dirty room; change of the operating room into a g room
Description of variation:	(0/2000)
Change in healthcare engineering systems or installations, water treatment and distribution system:	No change Medical gas pipeline system Electrical installations of back-up power supplies for critical care areas Specialized ventilation system Water treatment and distribution system (for Haemodialysis)
Change in layout plan of the premises:	○ Yes ○ No
□ Change of type of practice	
Change in the number of rooms	
Change of class of specialized service or its particular medic	al procedures
\Box Change of type of clinical and clinical supporting service	
□ Change of DPC address as a result of the above variations <u>NOT</u> for relocation of DPC premises	
Back	Save 🖺 Save and Continue 义

- 5.3 Continue Variation of Service/ Particulars Application Which is Temporarily Saved
 - 1. Login the system.
 - 2. Click **My Application**.
 - 3. Click the **hyperlink** of the Variation of Service/ Particulars application.

My Applicat	ion		
In Progress Record (1)	Application History (1)		
Reference No.	Application Type	<u>Status</u>	Remark
D2000137V	Day Procedure Centre Licence - Variation of Service / Particulars	Temporarily Saved	

4. Click **Continue to Edit** button.

≡ ਨੇ 04/11/2020 11: Menu Home	27:03	EN 🛣 SO, WING TAI 🔻 Logout 🕞
Application for	Day Procedure Centre Licence - Variation of Servic	e / Particulars
Reference No.	D2000137V	Porms/Documents
Application Type	Day Procedure Centre Licence - Variation of Service / Particulars	
Application Status	Temporarily Saved	
Back		Continue to Edit 🚿

5.4 Remove the Variation of Service/ Particulars Application which is Temporarily Saved

- 1. Login the system.
- 2. Click My Application.
- 3. Click the hyperlink of the Variation of Service/ Particulars application.



4. Click **Remove** button.

≡ ਨੇ 04/11/2020 11:27	:03 EN 🕱 SO, WING	TAI 🔻 Logout 🕞
Application for I	Day Procedure Centre Licence - Variation of Service / Particulars	
Reference No.	D2000137V	Porms/Documents
Application Type	Day Procedure Centre Licence - Variation of Service / Particulars	
Application Status	Temporarily Saved	
Back	Continue to Edit	> Remove

6 Payment

6.1 Download Demand Note

The application will receive a payment notice email after document screening by DH staff.

To Soy, Father Lawyer,
Application for Day Procedure Centre Licence (Payment Notice) Reference number: D1900158P
To further process your application, please download the demand note on e-Licensing following the steps below and settle the application fee on or before the due date stated on the demand note:
Steps to Download Demand Note 1. Login to <u>e-Licensing</u> 2. Under the "Task List", click "GO" next to the task "You have X application(s) pending for payment." 3. Under the "Reference No.", click "D1900158P" 4. Under the "Download the demand note.", click "Download"
For enquiries, please contact us by phone or email as indicated below.
Office for Regulation of Private Healthcare Facilities Department of Health Room 402, 4/F 14 Taikoo Wan Road Taikoo Shing, Hong Kong
Phone: (852) 3107 8451 E-mail Address: orphf@dh.gov.hk
Office for Regulation of Private Healthcare Facilities Department of Health
Notes: (1) It is your responsibility to ensure all the documents submitted are complete and valid. It is a criminal offence to make a false statement. You must ensure all information provided is true and accurate.
(2) Any application fee paid will not be refunded regardless of whether the application is approved or not.

- 1. Click hyperlink <u>e-Licensing</u> in the email.
- 2. Login the System.
- 3. Click Licence Application button.
- 4. Click reference number of the application.
- 5. Click **Download** button to download demand note.

	D2006602P	Porms/Documents
Licence Type	Day Procedure Centre Licence (Provisional and Full Licence) For submission from 2 January 2020 to 30 April 2020 by Day Procedure Centres in operation on 30 November 2018	_
Application Fee	HK\$ 2,180	1
Application Status	Pending Payment	1
Online Submission	View Application Form (Submitted on 08 Jul 2020 16:06)	1
Download		
 Settle the payment <u>on o</u> <u>Any application fee pa</u> 	r before 24 Jul 2020. Id will not be refunded regardless of whether the application is approved or not.	
 Settle the payment on one <u>Any application fee payment</u> For enquiries, please or 	r before 24 Jul 2020. Id will not be refunded regardless of whether the application is approved or not. Intact the Office for Regulation of Private Healthcare Facilities, Department of Health by phone or email as indicated b	elow.
 Settle the payment <u>on v</u> <u>Any application fee pr</u> For enquiries, please cu Office for Regulation of Department of Health Room 402, 4/F 14 Taikoo Shing, Hong Ko 	n <mark>r before 24 Jul 2020.</mark> Id will not be refunded regardless of whether the application is approved or not. Infact the Office for Regulation of Private Healthcare Facilities, Department of Health by phone or email as indicated b Private Healthcare Facilities	elow.

6. Applicant will receive a payment acknowledgement email after the payment has been fully settled.

Dear name of Authorized Representative/Sole Proprietor,+

Application for Day Procedure Centre Licence (Acknowledgement of Receipt of Payment) Reference No: D20XXXXXP

This is to acknowledge the receipt of your application fee^{*}. ↔ $^{\varphi}$ Your application is under process. Our Officer will contact you regarding the subsequent application procedures. $^{\varphi}$ $^{\phi}$ For enquiries, please contact us by phone or email as indicated below. $_{\phi}$) Office for Regulation of Private Healthcare Facilities : Department of Health : Room 402, 4/F : 14 Taikoo Van Road : Taikoo Shing, Hong Kong : ; ↓ Phone: (852) 3107 8451↓ E-mail Address: orphf@dh.gov.hk↓ $_{e^{i}}$. Office for Regulation of Private Healthcare Facilities+ Department of Health+

* Payment is valid only after the cheque or e-Cheque is cleared. +

Notes: +
(1) It is your responsibility to ensure all the documents submitted are complete and valid. It is a criminal offence to make a false statement. You must ensure all information provided is true and accurate +

(2) Your application will only be accepted by the Department of Health when all the required documents are submitted and the application fee is settled.

Any application fee paid will not be refunded regardless of whether the application is approved or not.↓

7 Check Application Status

- 1. Login the System.
- 2. Click Licence Application button on the left menu bar.
- 3. All existing applications will be listed.

The application status is summarized in the table below:

Online Application Form	Status Shown to Applicant
Filling online application form	Temporarily Saved
Submitted online application form	Pending Submission
Screening and Vetting	
Started document screening	Document Screening in Progress
Document screening rejected	Application Not Accepted
Demand note uploaded to applicant	Pending Payment
Vetting documents by DH staff	Document Vetting in Progress
Submission of documents required	Pending Document Submission
Completed document vetting and await site inspection	Pending Site Inspection
Site inspection conducted	Inspection Findings Under Review
Pending site re-inspection	Pending Re-inspection / Document submission
Application Result	
Completed all site inspection	Pending Application Result
Provisional Licence is approved	Provisional Licence Approved
Provisional Licence is refused	Provisional Licence Requirements Not Met
Application is approved	Application Approved
Application is refused	Application Refused
Withdraw application voluntarily by applicant	Application Withdrawn
Application is deemed withdrawn	Application Deemed Withdrawn

Appendix 1

1. Enable Window Pop-up

If your browser has enabled pop-up blocker, the following message will be shown when you use some functions such as printing.



To allow pop-up, please follow the steps below:

- 1. Click **Option for this site**.
- 2. Choose Always allow.

		(iii ii
Internet Explorer blocked a pop-up from *.orphf.gov.hk .	Allow once Options for this site 💌	More settings

OR

- 1. Click **Tools** button in the browser menu.
- 2. Select Pop-up Blocker.
- 3. Select Pop-up Blocker Settings.

e l	Edit View Favorites	Tools Help		
	Section I - Partic	Delete browsing history	Ctrl+Shift+Del	
	Nome of the	InPrivate Browsing	Ctrl+Shift+P	
4	a. Inditie of the	Turn on Tracking Protection		
		ActiveX Filtering		
t	 Name of the 	Fix connection problems		
		Reopen last browsing session		
0	Address of th	Add site to Apps		V District V
	(referred to h	View downloads	Ctrl+J	
	the hospital"	Pop-up Blocker	>	Ture of Depart Discher
		Windows Defender SmartScreen Filter	>	Pop-up Blocker settings
		Manage media licenses		-3/F
		Manage add-ons		
		Compatibility View settings		
		Subscribe to this feed		al Address
		Feed discovery	>	
		Performance dashboard	Ctrl+Shift+U	
0	 Address of tr (referred to b) 	F12 Developer Tools		Floor e.g. G/F, 1-3/F
	the hospital"	Report website problems		
	and noophal ,	Internet options		me of Road/Street
				V District V Area V
			L	
			(0/160)	
			(0/100)	
			+ Add Additi	onal Address

- 4. Input *.orphf.gov.hk in the field of 'Address of Web site to allow'.
- 5. Click **Add** button.

Pop-ups are currently blocked. You can all websites by adding the site to the list below Address of website to allow.	ow pop-ups from specific
•.orphf.gov.hk	Add
Allowed sites:	
	<u>R</u> emove
	Remove all
Notifications and blocking level:	
Play a sound when a pop-up is blocked.	
Show Notification bar when a pop-up is blocked.	
Blocking level:	
Medium: Block most automatic pop-ups	

6. The ***.orphf.gov.hk** is shown in the **'Allowed sites**'. Press **Close** button to close the popup window.

Exceptions	
Pop-ups are currently blocked. You can allow pop websites by adding the site to the list below.	o-ups from specific
Address of website to allow:	
	Add
Allowed sites:	
*.orphf.gov.hk	Remove
	Remove all
	Remove all
Notifications and blocking level:	
Play a sound when a pop-up is blocked.	
Show Notification bar when a pop-up is blocked.	
Show Notification bar when a pop-up is blocked. Blocking level:	
✓ Show Notification bar when a pop-up is blocked. Blocking level: Medium: Block most automatic pop-ups	•
Show Notification bar when a pop-up is blocked. Blocking level: Medium: Block most automatic pop-ups	-