

# **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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## Document Summary

Document Item	Current Value
Document Title	e-Licensing User Guide for Licence Application by Private Healthcare Facilities
Creation Date	22 April 2019
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Document Description	<p>This user guide provides information for delegated personnel of private healthcare facilities who may handle and submit licence application to Office for Regulation of Private Healthcare Facilities of the Department of Health.</p> <p>The general operation of each function will be illustrated step-by-step in this user guide. The expected results will be described in details.</p>
Prepared by	Office for Regulation of Private Healthcare Facilities, Department of Health & Hospital Authority Information Technology and Health Informatics Division
Contact Information	<a href="mailto:orphf@dh.gov.hk">orphf@dh.gov.hk</a>

## Version History

Version No.	Date	Prepared by	Description
1.0	April 2019	DH, HA IT&HID	Initial Version
1.1	24 Jun 2019	DH, HA IT&HID	Add window pop-up in appendix
1.2	4 Dec 2019	DH, HA IT&HID	DPC Licences
1.3	6 Jul 2020	DH, HA IT&HID	DPC Provisional Licence to Full Licence
1.4	22 Jun 2021	DH, HA IT&HID	Variation of Service, iAM Smart Authentication
1.5	15 Feb 2022	DH, HA IT&HID	e-Upload in e-Licensing
1.6	29 Mar 2022	DH, HA IT&HID	iAM Smart Digital Signing

# 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))

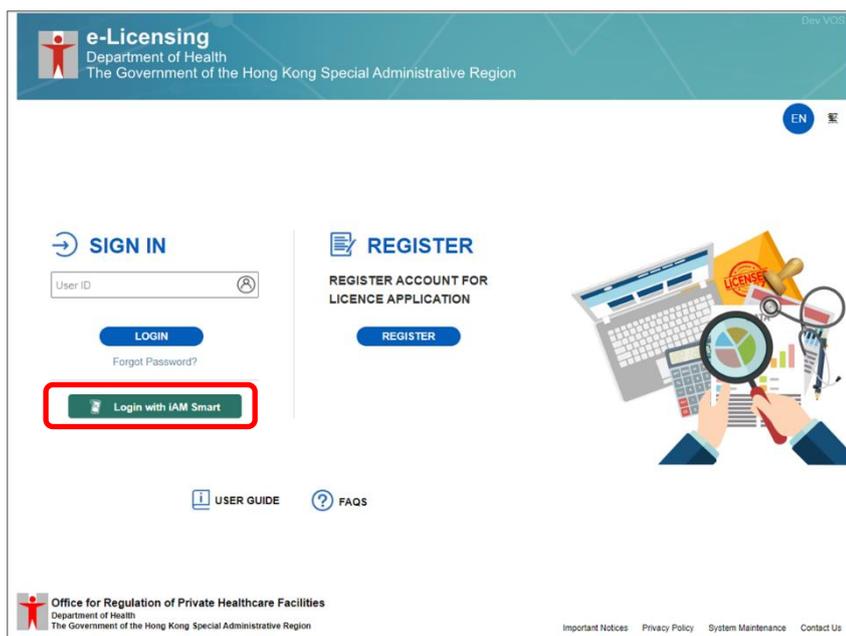
## 2 Account Management

### 2.1 Create / Login Account via iAM Smart

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

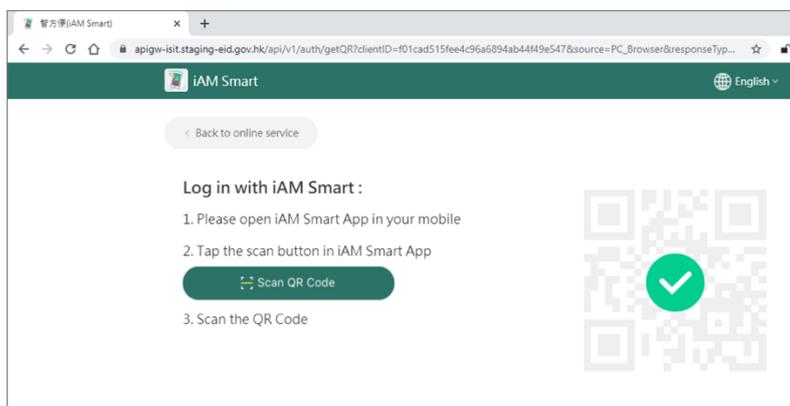
#### 2.1.1 Create New User Account via iAM Smart

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

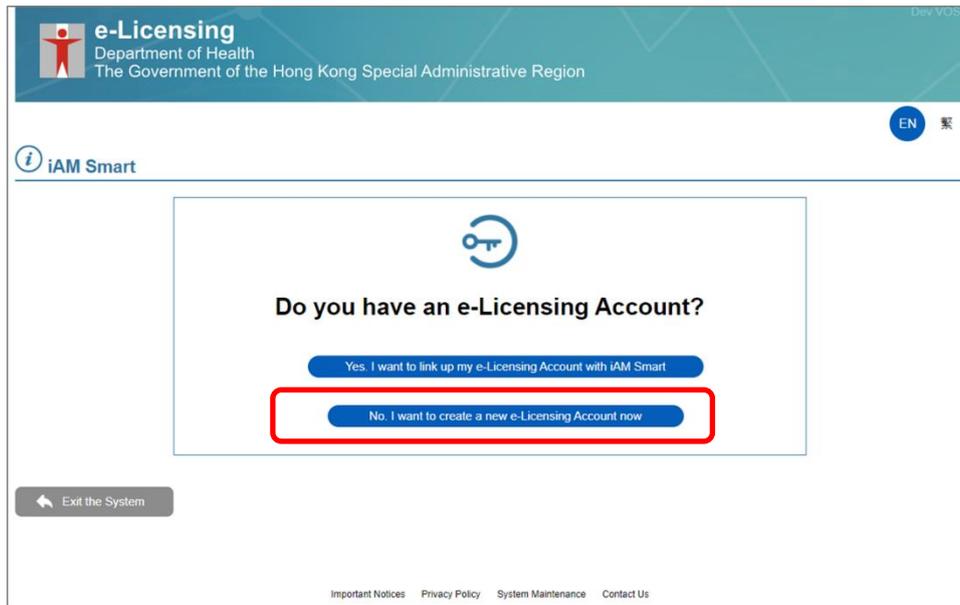


2. Login iAM Smart via user's own mobile device.

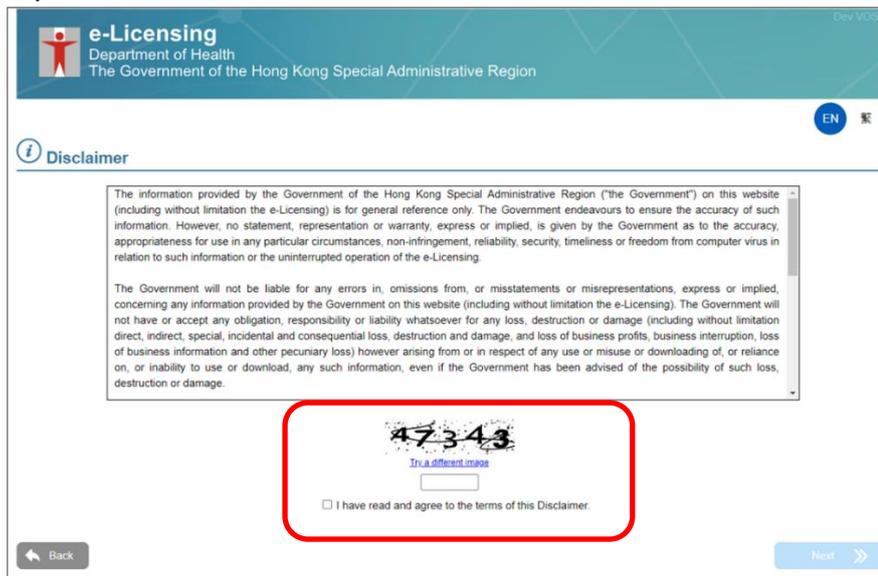
3. Scan the QR code on the e-Licensing.



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



5. Input CAPTCHA and click the checkbox.



6. Click **Next** button.

7. Fill in the personal particulars.

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The Government of the Hong Kong Special Administrative Region

**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-digit number will be used for verification during account activation)

Connect iAM Smart  Yes

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.

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

**Register Account for Licence Application**

Check your email inbox

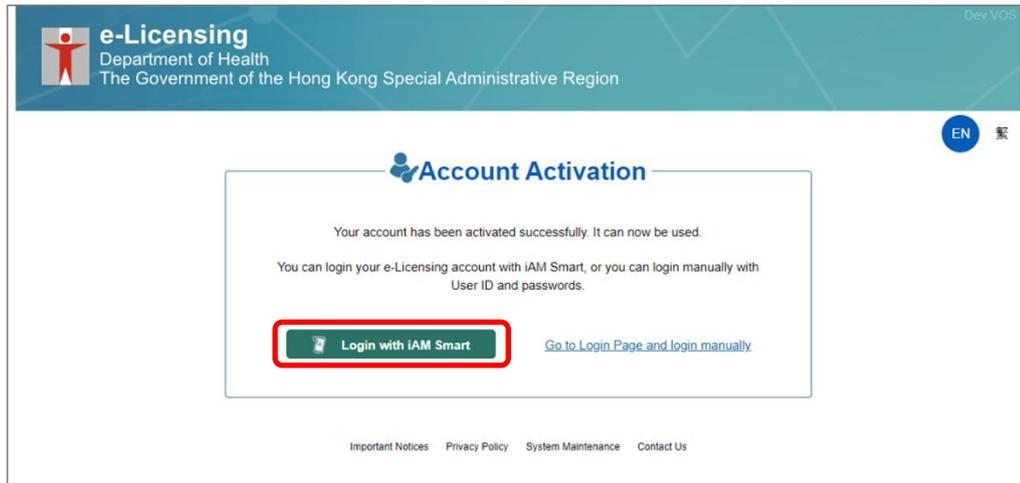


Your account has been created successfully.  
Please activate your account by following the activation instructions which have been sent to your email box.

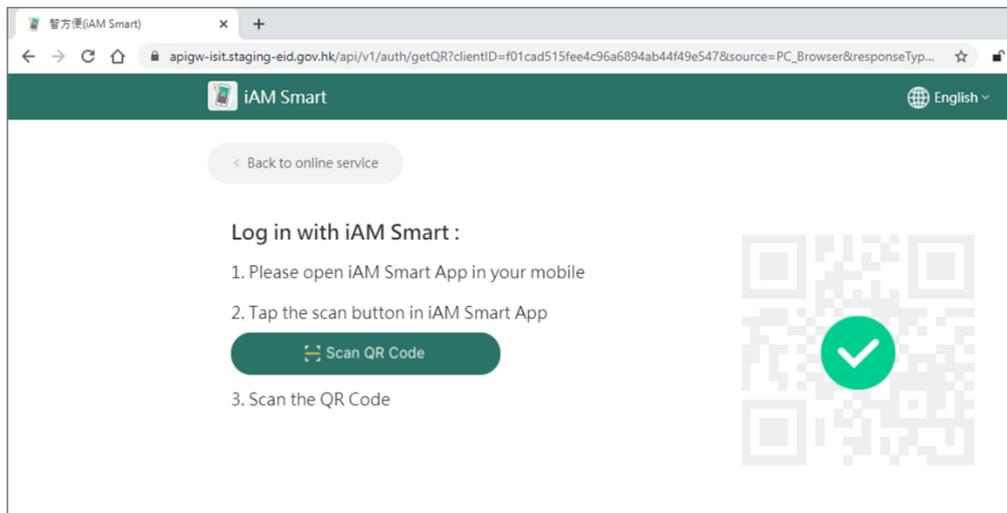
**chanone@gmail.com**

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

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.



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

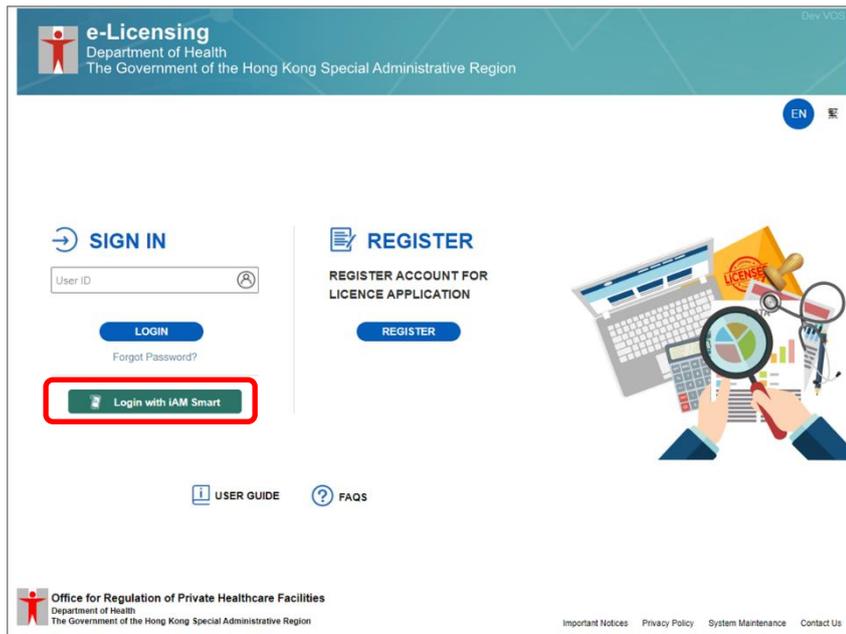


## 2.1.2 Link Up Existing e-Licensing Account with iAM Smart

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

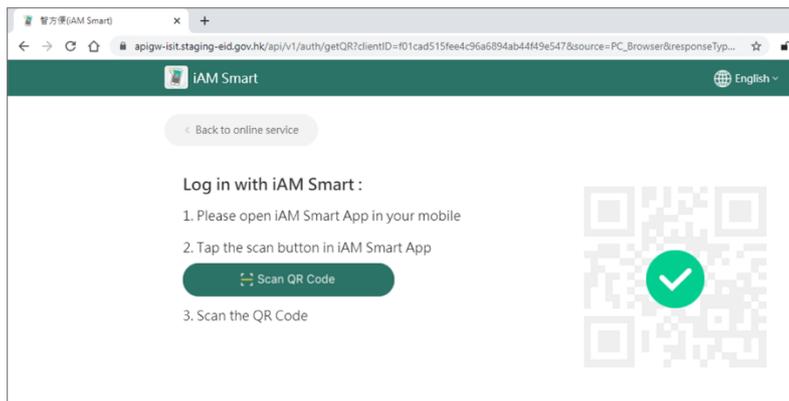
If the user has an existing account in e-Licensing, he/she can link up the account with iAM Smart.

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

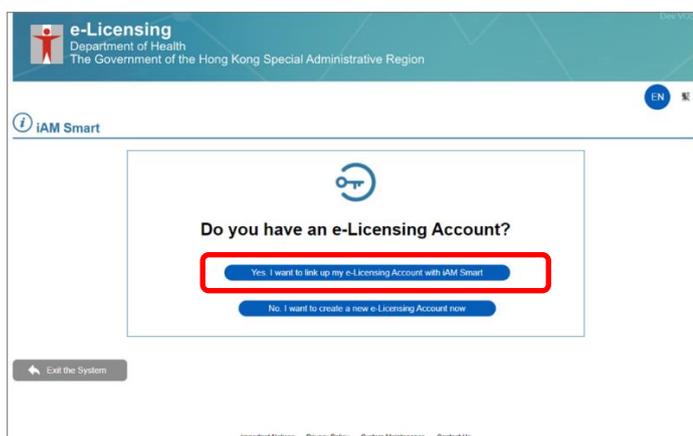


2. Login iAM Smart via user's own mobile device.

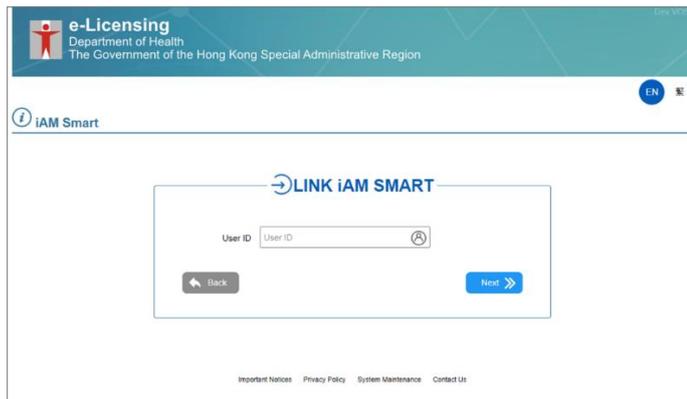
3. Scan the QR code on the e-Licensing.



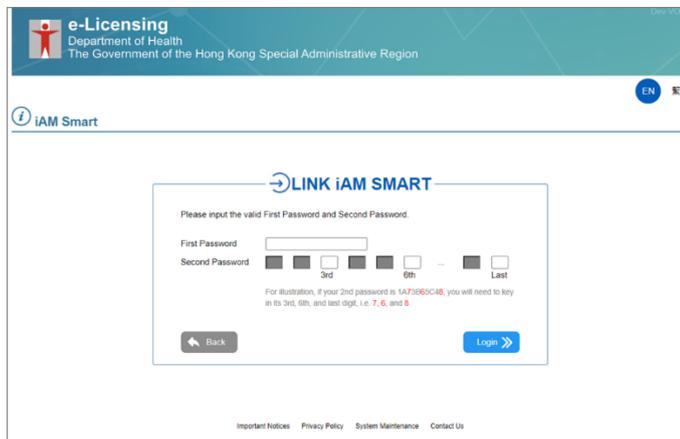
4. Click “Yes. I want to link up my e-Licensing Account with iAM Smart.” in the popup.



5. Input **User ID**.



6. Input **First Password** and **Second Password**.



7. Click **Login**.

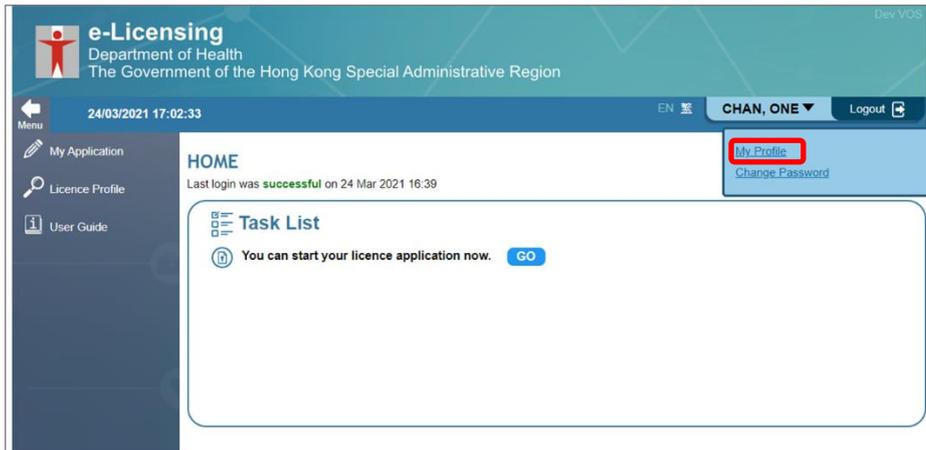
8. Click **Go to Home Page**.

9. Linkup with existing account is completed. User could follow Section 2.1.4 for future login when using with iAM Smart.

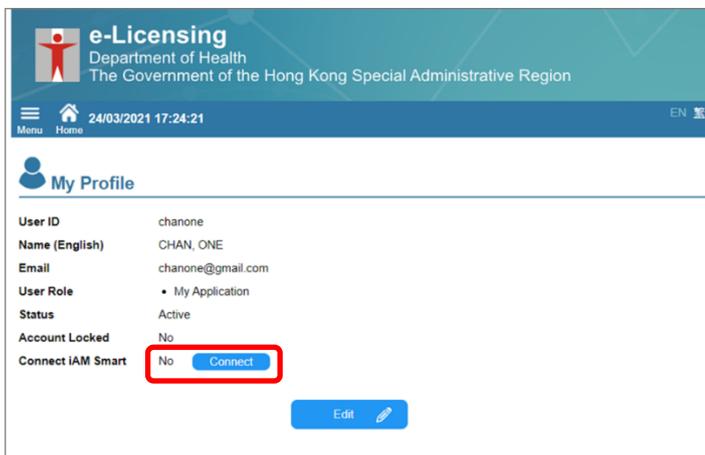
### 2.1.2.2 Link Up Existing e-licensing Account with iAM Smart in “My Profile”

1. Login system.

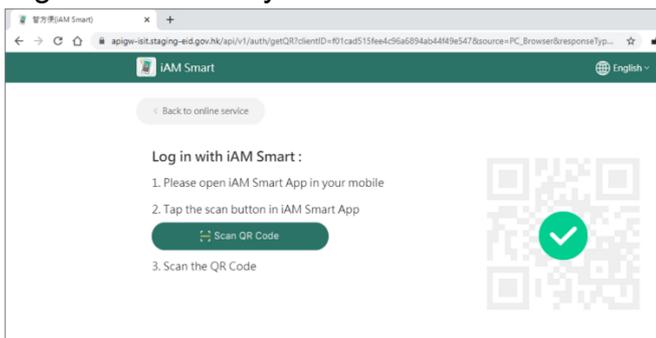
2. Click **My Profile**.



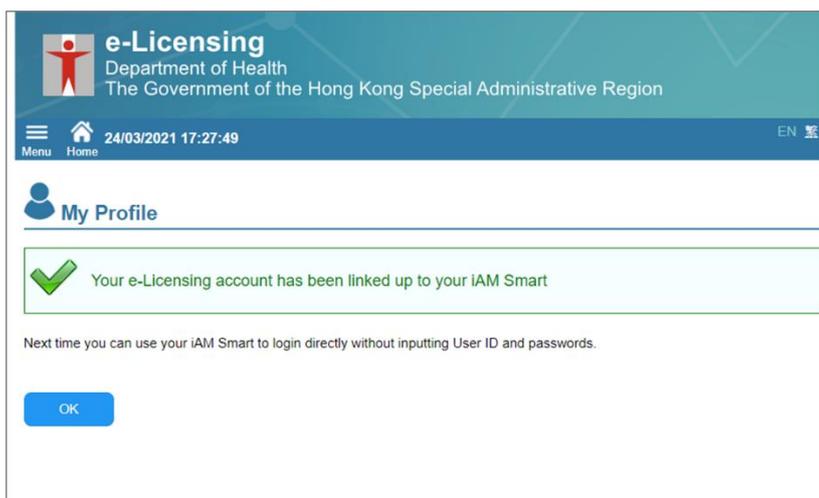
3. Click **Connect** button next to “**Connect iAM Smart**”.



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

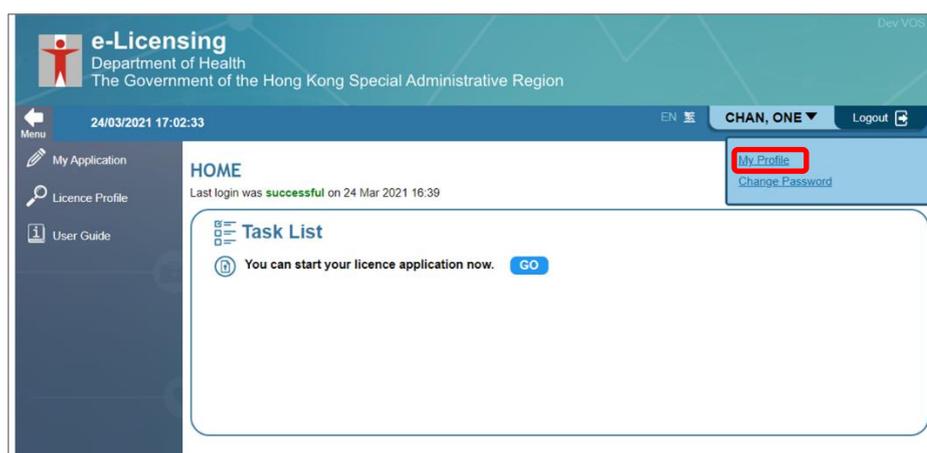


5. Click **OK** button.

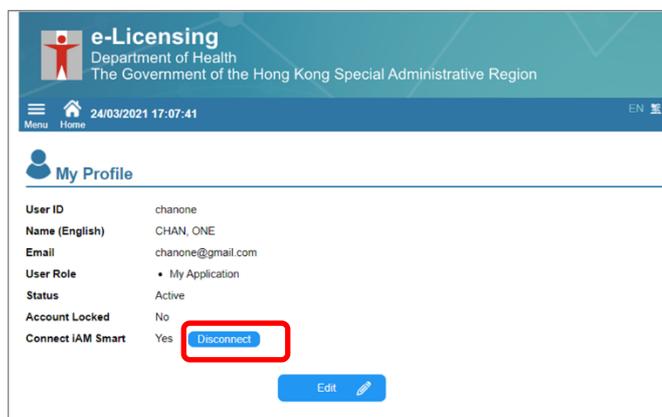


### 2.1.3 Delink e-Licensing Account with iAM Smart

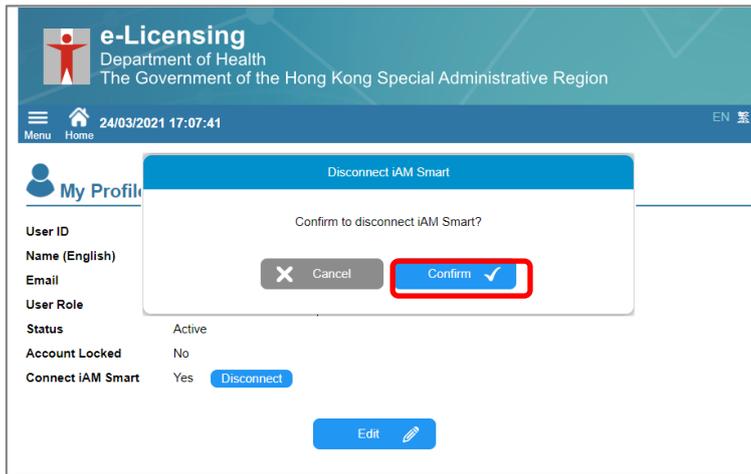
1. Login system.
2. Click **My Profile**.



3. Click **Disconnect** button next to “**Connect iAM Smart**”.



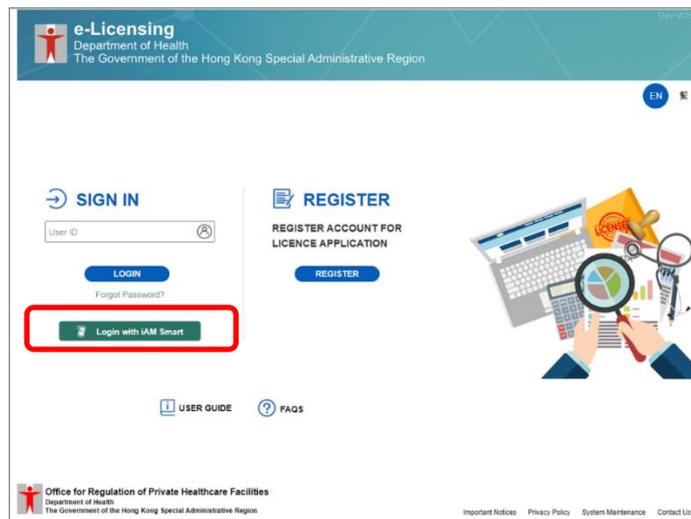
4. Click **Confirm** in the popup.



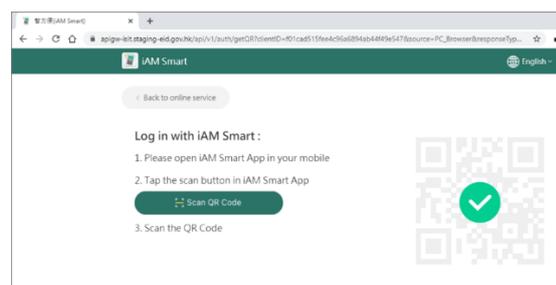
### 2.1.4 Login e-Licensing with iAM Smart

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.



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

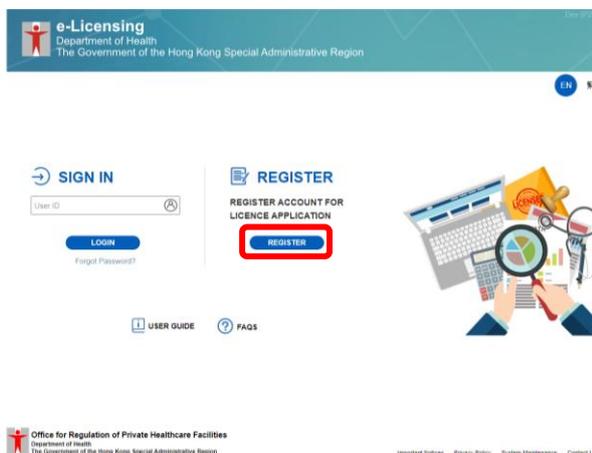


3. The system is login successfully.

## 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-digit 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

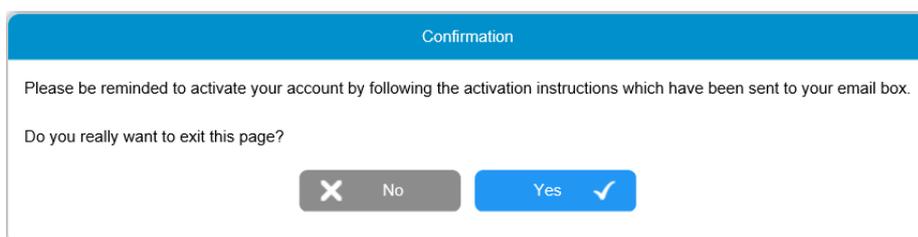
**OR**

Click hyperlink "[Didn't get the account activation procedure? Resend Email](#)" to resend email.

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

**OR**

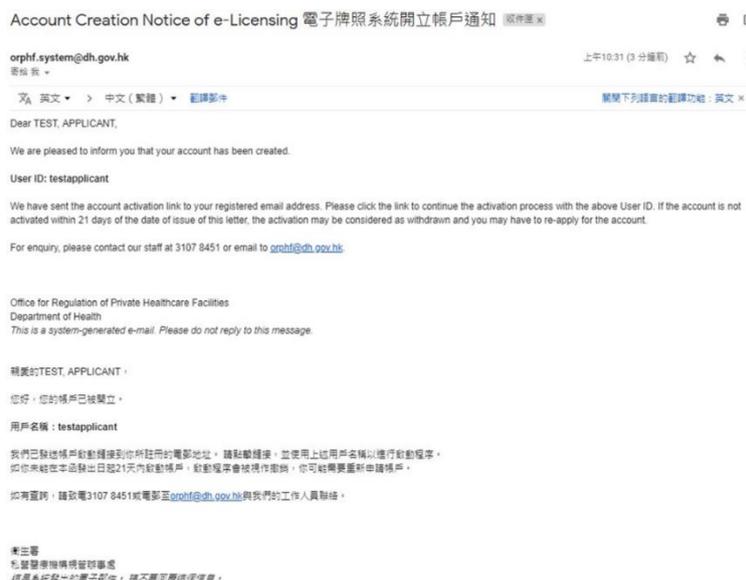
**No** to stay.



## 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



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

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

**Account Activation**

Please setup your First Password and Second Password.

**Password tips:**  
Avoid using names, birthdays, phone numbers, ID number or words number that are easily identified as password.

**First 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 ^,()=&"><|)

**Second 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)
  - Non-alphabetic characters (exclude ^,()=&"><|)

Cancel and Exit

**Change Password**

**Password tips:**  
Avoid using names, birthdays, phone numbers, ID number or words number that are easily identified as password.

**First Password**

Change First Password

Old Password   
New Password   
Confirm Password

**Password Requirements:**

1. Password length: 6 - 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 ^, ()&^~+!)

**Second Password**

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)
  - Non-alphabetic characters (exclude ^, ()&^~+!)

[Confirm Change Password](#)

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.

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**SIGN IN**

User ID

[LOGIN](#)

[Forgot Password?](#)

[Login with IAM Smart](#)

**REGISTER**

REGISTER ACCOUNT FOR LICENCE APPLICATION

[REGISTER](#)

[USER GUIDE](#) [FAQS](#)

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

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.

**SIGN IN**

Please input the valid First Password and Second Password.

First Password

Second Password      ...

1st 4th Last 2nd

For illustration, if your 2nd password is 1A73B65C48, you will need to key in its 1st, 4th, and 2nd last digit, i.e. 1, 3, and 4

[Back](#) [Login](#)

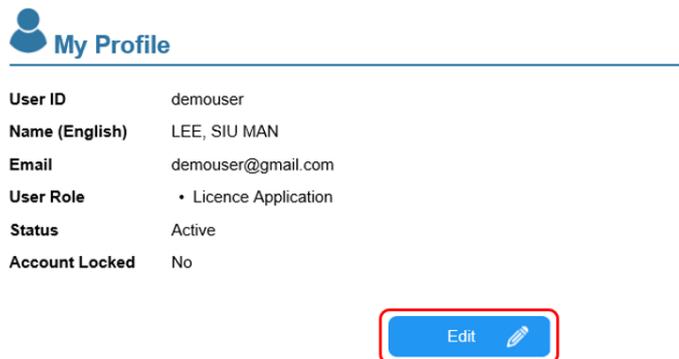
## 2.3 Edit Account Information

### 2.3.1 Editing Name and Email Address

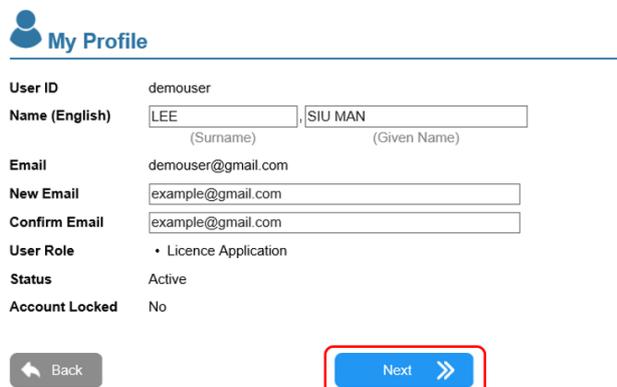
1. Login the System.
2. Click the user name on top right corner.
3. Click **My Profile** button.



4. Click **Edit** button.



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



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.

 **Change Password**

---

**Password tips:**  
Avoid using names, birthdays, phone numbers, ID number or words number that are easily identified as password.

**First 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)
  - Numerals (0 through 9)
  - Non-alphabetic characters (exclude ^,()=&"><|)

**Second Password**

Change Second Password

Old Password

New Password

Confirm Password

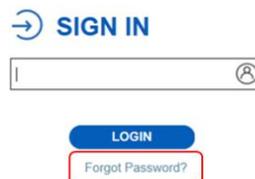
Password Requirements:

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)
  - Non-alphabetic characters (exclude ^,()=&"><|)

## 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.



The screenshot shows a login interface with a 'SIGN IN' header, a text input field, a 'LOGIN' button, and a 'Forgot Password?' button. The 'Forgot Password?' button is highlighted with a red rectangular box.

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



The screenshot shows the 'Account Recovery' page. It includes a title 'Account Recovery', a message: 'To recover your account, please enter your User ID and your registered Email Address in the system.', two input fields labeled 'User ID' and 'Email Address', a 'Back' button, and a 'Next' button. The 'Next' button is highlighted with a red rectangular box.

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



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.

 Cancel and Exit

Next 

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

### 3 Licence Application

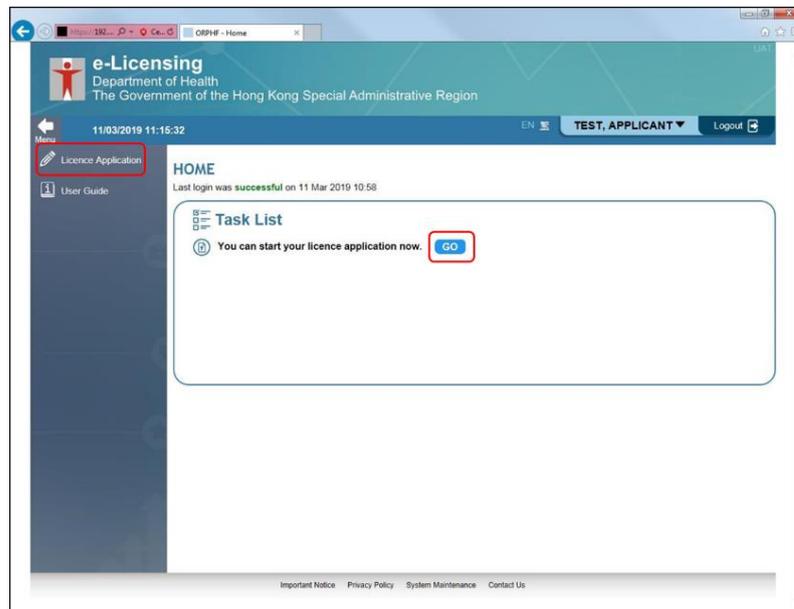
#### 3.1 Create an Application

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.



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

**New Application**

I would like to apply

Hospital Licence

Day Procedure Centre Licence

4. Click **Proceed** button.

- 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:
  - [PHF\(E\) 21A Code of Practice for Day Procedure Centres \(Cap. 633\)](#)
  - [PHF\(E\) 22A Guidance Notes for Application for Day Procedure Centre Licence \(Cap. 633\)](#)
  - [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.

- Click the checkbox **“I have read, understood and agreed with the above terms and conditions”**.

**Declaration**

I have read, understood and agreed with the above terms and conditions.

← Back
Proceed >>

- Click **Proceed** button.

- A reference number is shown. Jot down the reference number if necessary.

New application has been created.

**Reference No.**

This application has been linked to your account, you can always review the application in the first page of this function.

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.**  Forms/Documents Print Draft

Section I
Section II
Section III

Particulars of Hospital (Part 1) → 
 Particulars of Hospital (Part 2) → 
 Particulars of Applicant → 
 Particulars of CME → 
 Confirm Information

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



Reference No. H2000187

This application has been linked to your account, you can always review the application in the first page of this function.



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.

**Section 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 --- | --- District --- | --- |  
 Number and Name of Road/Street  
 Building/Block  
Floor e.g. G/F, 1-3/F |  | -- |  
(0/80)  
[+ Add Additional Address](#)

d. Address of the Hospital in English (referred to hereinafter as "the premises of the hospital"):

-- |  | Floor e.g. G/F, 1-3/F  
 Building/Block  
 Number and Name of Road/Street  
-- | --- District --- | --- Area --- |  
(0/160)  
[+ Add Additional Address](#)

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](#) | [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.	<input type="text" value="--"/> <input type="text" value="Floor e.g. G/F, 1-3/F"/> <input type="button" value="Remove"/>
	Building/Block <input type="text" value="222 Waterloo Road"/> <input type="text" value="Kowloon Tong"/> <input type="text" value="Kowloon City"/> <input type="text" value="Kowloon"/> <input type="text" value="222 Waterloo Road, Kowloon Tong, Kowloon (40/160)"/>
2.	<input type="text" value="--"/> <input type="text" value="Floor e.g. G/F, 1-3/F"/> <input type="button" value="Remove"/>
	Building/Block <input type="text" value="322 Junction Road"/> <input type="text" value="Kowloon Tong"/> <input type="text" value="Kowloon City"/> <input type="text" value="Kowloon"/> <input type="text" value="322 Junction Road, Kowloon Tong, Kowloon (40/160)"/>
3.	<input type="text" value="--"/> <input type="text" value="Floor e.g. G/F, 1-3/F"/> <input type="button" value="Remove"/>
	Building/Block <input type="text" value="330 Junction Road"/> <input type="text" value="--"/> <input type="text" value="--- District ---"/> <input type="text" value="--- Area ---"/> <input type="text" value="330 Junction Road (17/160)"/>
<input type="button" value="+ Add Additional Address"/>	

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



**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:

### Table 1A

Table 1: Number of In-patient Beds

Mandatory, Number  
Min 0, Max 99999

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

### Table 1B

Table 1 (cont.): Number of Day Beds

Mandatory, Number, Min 0, Max 99999

Item No.	Clinical Department/Services	Number of Day Beds
B.	<i>Clinical Services with Provision of Day Beds</i>	
B1.	Haemodialysis service	Bed(s)/Chairs: <input type="text"/>
B2.	Chemotherapy service	Bed(s)/Chairs: <input type="text"/>
B3.	Day Ward (Day Surgery or day procedure service) (Note 4)	Bed(s)/Chairs: <input type="text"/> (Note 5)
B4.	Accident and emergency service (observation beds)	Bed(s): <input type="text"/> (Note 6)
B5.	<b>Subtotal (Total number of Day Beds)</b> <small>(Sum of B1 to B4)</small>	Bed(s)/Chairs: <input type="text"/> <small>(Calculate automatically)</small>
C.	<b>Total number of beds</b> in the premises of the Hospital included in this application for licence <b>(including all in-patient and day beds as listed in Table 1 only (Sum of total of A5 and B5))</b>	<input type="text"/> Beds <small>(Calculate automatically)</small>

### Table 2

Table 2: Clinical Services with Special Facilities

Mandatory, Number  
Min 0, Max 99999

Item No.	Name of Clinical Service	Number of Procedure Beds/ Rooms
A.	Obstetric Service (Delivery Suites) <small>Must be &gt;0 if "Table 1 A2" &gt; 0</small>	Bed(s): <input type="text"/> (Note 7)
B.	Surgical Service	Operating Room <small>Must be &gt; 0 if "Table 2 B Recovery Beds" &gt; 0</small> Room(s): <input type="text"/>
		Recovery Beds (Note 8) <small>Must be &gt;0 if other field in "Table 2 B." &gt; 0</small> Bed(s): <input type="text"/>
C.	Endoscopy Service (Note 9) <small>Sum of "C1" and "C2" in Table 2 C must be greater than 0 when "Endoscopy Service Recovery Beds" is greater than 0</small>	C1. Bronchoscopy room Room(s): <input type="text"/>
		C2. Other endoscopy (excluding bronchoscopy) rooms (Note 10) Room(s): <input type="text"/>
		Recovery Beds (Note 8) Bed(s): <input type="text"/>
D.	Radiology Service <small>Sum of "D1 (a)", "D1 (b)" and "D2" must be greater than 0 when "Radiology Service Recovery Beds" is greater than 0.</small>	D1. Interventional Radiology Room
		(a) Angiography (Note 11) Room(s): <input type="text"/>
		(b) Other Interventional Radiology procedures (Note 12) Room(s): <input type="text"/>
		D2. Diagnostic Imaging (Magnetic Resonance Imaging) room Room(s): <input type="text"/>
	Recovery Beds (Note 8) Bed(s): <input type="text"/>	
E.	Lithotripsy Service	Procedure Room <small>Must be &gt; 0 if "Table 2 E Recovery Beds" &gt; 0</small> Room(s): <input type="text"/>
		Recovery Beds (Note 8) Bed(s): <input type="text"/>
F.	Radiotherapy Service (Note 13)	Procedure Room <small>Must be &gt; 0 if "Table 2 F Recovery Beds" &gt; 0</small> Room(s): <input type="text"/>
		Recovery Beds (Note 8) Bed(s): <input type="text"/>
G.	Dental Service	Dental Surgery <small>Must be &gt; 0 if "Table 2 G Recovery Beds" &gt; 0</small> Room(s): <input type="text"/>
		Recovery Beds (Note 8) Bed(s): <input type="text"/>
H.	Accident and Emergency Resuscitation Bays <small>Must be &gt; 0 when "Table 1 B4 Accident and emergency service (observation beds)" &gt; 0</small>	Bay(s): <input type="text"/>
I.	Isolation Room with specialized ventilation setting not covered by items A to H above	Room(s): <input type="text"/>

### Table 3

Table 3: Other Clinical Services

Item No.	Name of Clinical Service	Mandatory
A.	Out-patient service by registered medical practitioner(s)	<input type="radio"/> Yes <input type="radio"/> No
B.	Chinese medicine out-patient service	<input type="radio"/> Yes <input type="radio"/> No
C.	Physiotherapy service	<input type="radio"/> Yes <input type="radio"/> No

### Table 4

Table 4: Clinical Support Services

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

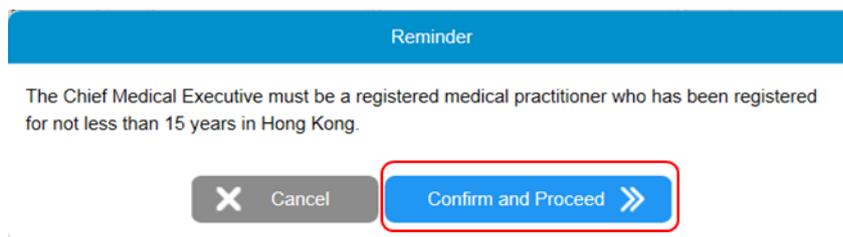
**Or**

Click **Back** button to previous section.

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

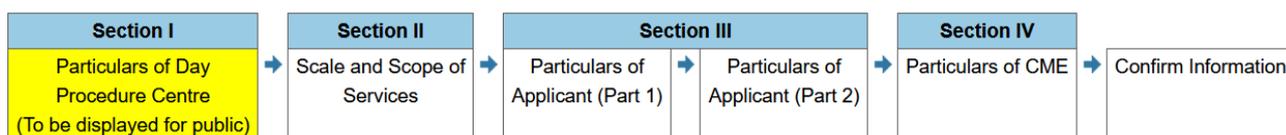
#### Remark for Section III:

- 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.



### 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.
2. 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.

**Section I - Particulars of Day Procedure Centre (To be displayed for public)**

a. Name of the Day Procedure Centre in Chinese:

b. Name of the Day Procedure Centre in English:

c. Address of the Day Procedure Centre in Chinese (hereinafter referred to as "the Premises"):

(0/80)

d. Address of the Day Procedure Centre in English (hereinafter referred to as "the Premises"):

(0/100)

e. Telephone Number of the Day Procedure Centre:

(Telephone Number 1)
  (Telephone Number 2)

f. Fax Number of the Day Procedure Centre:

g. E-mail Address of the Day Procedure Centre:

h. Type(s) of practice of the Day Procedure Centre:

Medical Practice  
 Dental Practice

- 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.



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

Remarks for Section II:

Part a

- The total number of rooms must be >0.
- 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.

a. Scale of Services provided in the Day Procedure Centre:

Room type	Number
Operating Room	<input type="text"/>
Designated room for medical procedures (excluding consultation rooms and operating rooms)	<input type="text"/>
Consultation room for doctor	<input type="text"/>
Consultation room for dentist	<input type="text"/>
<b>Total</b>	<input type="text"/> (Calculate automatically)

Mandatory, Number,  
Min 0, Max 99999

Part b

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	<input type="radio"/> Yes <input checked="" type="radio"/> No
Endoscopic procedure	<input type="radio"/> Yes <input checked="" type="radio"/> No
Dental procedure	<input type="radio"/> Yes <input checked="" type="radio"/> No
Chemotherapy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Haemodialysis	<input type="radio"/> Yes <input checked="" type="radio"/> No
Interventional radiology and lithotripsy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Anaesthetic procedure	<input type="radio"/> Yes <input checked="" type="radio"/> No
Radiotherapy	<input type="radio"/> Yes <input checked="" type="radio"/> No

Default “No”,  
Must be at least one  
“Yes”

## Part c

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

c. Details of clinical and clinical supporting service(s) provided in the Day Procedure Centre:

Details of clinical and clinical supporting service(s)	
Pharmacy or dispensing service	<input type="radio"/> Yes <input checked="" type="radio"/> No
Medical laboratory service	<input type="radio"/> Yes <input checked="" type="radio"/> No
Occupational therapy service	<input type="radio"/> Yes <input checked="" type="radio"/> No
Optometry service	<input type="radio"/> Yes <input checked="" type="radio"/> No
Radiology or imaging service	<input type="radio"/> Yes <input checked="" type="radio"/> No
Physiotherapy service	<input type="radio"/> Yes <input checked="" type="radio"/> No
Chiropractor service	<input type="radio"/> Yes <input checked="" type="radio"/> No
Chinese medicine practitioner service	<input type="radio"/> Yes <input checked="" type="radio"/> No
Others (e.g. Audiology service, Speech therapy service)	<input type="radio"/> Yes <input checked="" type="radio"/> No

Default "No",  
Allow all "No"

• Max 50 other services

+ Add Other Service

Service Name in English:

Service Name in Chinese:

• Mandatory, 80 characters,  
NO Chinese allowed  
• Mandatory, 50 characters

## Part d

d. Please state if the Day Procedure Centre under this application ("this Centre") complies 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	<input type="radio"/> Yes <input type="radio"/> No
The period of continuous confinement for patients treated with medical procedures at this Centre must be within the same calendar day	<input type="radio"/> Yes <input type="radio"/> No
Hospital only procedures are not performed in this Centre	<input type="radio"/> Yes <input type="radio"/> No
This Centre has a direct and separate entrance not shared with, or involving passing through other premises	<input type="radio"/> Yes <input type="radio"/> No

Mandatory, Must be "Yes"

## Part e

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

Medical facilities	
Critical care area(s) other than operating room is/are set up in this Centre (e.g. recovery area)	<input type="radio"/> Yes <input type="radio"/> No
Medical gas pipeline system is installed in this Centre	<input type="radio"/> Yes <input type="radio"/> No

Mandatory

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:

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

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

**Section III - Particulars of the applicant (Part 2)**

Do the 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:  Yes  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 **neither** 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.

**Section IV - Particulars of Chief Medical Executive appointed**

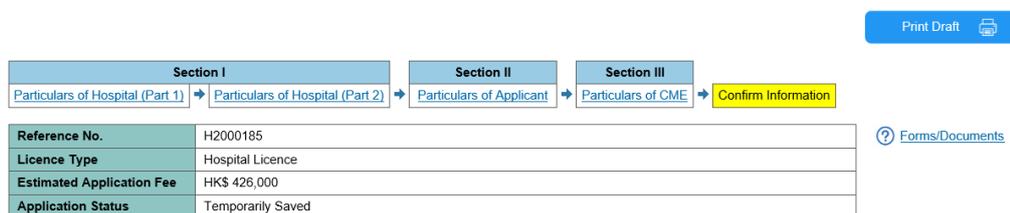
- a. Name of the Chief Medical Executive in Chinese (As stated on Hong Kong Identity Card):    
(Surname) (Given Name)
- b. Name of the Chief Medical Executive in English (As stated on Hong Kong Identity Card):    
(Surname) (Given Name)
- c. Hong Kong Identity Card Number:   
(e.g. A123456(7))
- d. 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:**  Yes  No  
The Chief Medical Executive is responsible for the day to day operation of all services provided in this Centre

**Remarks of Section IV**

- i. 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.



The confirmation page features a navigation bar at the top with buttons for 'Particulars of Hospital (Part 1)', 'Particulars of Hospital (Part 2)', 'Particulars of Applicant', 'Particulars of CME', and 'Confirm Information'. A 'Print Draft' button is also present. Below the navigation is a summary table:

Reference No.	H2000185
Licence Type	Hospital Licence
Estimated Application Fee	HK\$ 426,000
Application Status	Temporarily Saved

A 'Forms/Documents' link is located to the right of the table.

2. Check information in the preview table.



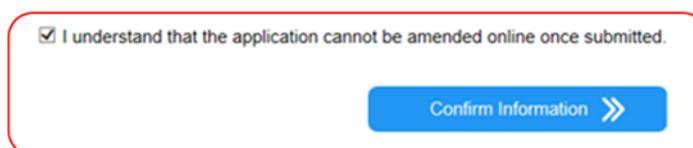
Section I - Particulars of Hospital

a. Name of the Hospital in Chinese:	123 醫院
b. Name of the Hospital in English:	123 Hospital
c. Address of the Hospital in Chinese:	九龍九龍灣展貿徑1號
d. Address of the Hospital in English:	1 Trademart Drive, Kowloon Bay, Kowloon
e. Telephone Number of the Hospital:	23454678
f. Fax Number of the Hospital:	(Not provided)
g. E-mail Address of the Hospital:	newph@newph.com
h. Number of the Certificate of Registration in force issued under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165):	C12345678
i. Scale and scope of service intended to be provided in the main premises of the Hospital: (including all information listed in Tables 1 to 4 below)	

Table 1: Number of In-patient Beds

Item No.	Official Department/Service	Number of In-patient Beds
----------	-----------------------------	---------------------------

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.”**



I understand that the application cannot be amended online once submitted.

Confirm Information >>

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.

2. Click **Upload Document** button next to the documents.

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

**Application for Day Procedure Centre Licence - New Application**

Reference No. D2200125  
 Application Type Day Procedure Centre Licence - New Application  
 Estimated Application Fee HK\$ 28,400  
 Application Status Pending Submission

Your application has NOT been completed yet. Please prepare the documents below and submit to the Office for Regulation of Private Healthcare Facilities through (i) electronic or (ii) paper channel.

#	Document	Format	Submission Channel
1	Application Form for Day Procedure Centre Licence PHF 22	PDF	Electronic (i) / Paper (ii)
2	Declaration by the Chief Medical Executive of the Day Procedure Centre PHF 24	PDF	Electronic (i) / Paper (ii)
3	Copy of Certificate for Company/Organisation	PDF	Electronic (i) / Paper (ii)
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	PDF	Electronic (i) / Paper (ii)
5	Report for Application for Day Procedure Centre Licence PHF 25 - Part A (General)	PDF	Electronic (i) / Paper (ii)
6	Report for Application for Day Procedure Centre Licence PHF 25 - Part A (Annex)	PDF	Electronic (i) / Paper (ii)
7	Report for Application for Day Procedure Centre Licence PHF 25 - Part B5 (Haemodialysis)	PDF	Electronic (i) / Paper (ii)
8	2-week duty roster of nursing staff and supporting care staff (with staff name) after commencement of each service	PDF	Electronic (i) / Paper (ii)
9	Specialty qualification or training record of nurse	PDF	Electronic (i) / Paper (ii)
10	Layout plan of the premises of the day procedure centre	PDF	Electronic (i) / Paper (ii)

Each file cannot exceed 10MB.

For enquiries, 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 Qi Kwan Road  
 Wan Chai, Hong Kong  
 Enquiry Telephone Number: 3107 8451  
 Email Address: [qrzhf@dh.gov.hk](mailto:qrzhf@dh.gov.hk)

4. Repeat **steps 2-3** to upload other documents.

5. If applicant wish to remove the uploaded documents, please click **Remove** and **Confirm** buttons.

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

24/01/2022 10:34:27 DEMO\_USER TEST Logout

**Application for Day Procedure Centre Licence - New Application**

The file has been uploaded.

Reference No. D2200125  
 Application Type Day Procedure Centre Licence - New Application  
 Estimated Application Fee HK\$ 28,400  
 Application Status Pending Submission

Your application has NOT been completed yet. Please prepare the documents below and submit to the Office for Regulation of Private Healthcare Facilities through (i) electronic or (ii) paper channel.

#	Document	Format	Submission Channel
1	Application Form for Day Procedure Centre Licence PHF 22	PDF	Electronic (i) / Paper (ii)
2	Declaration by the Chief Medical Executive of the Day Procedure Centre PHF 24	PDF	Electronic (i) / Paper (ii)
3	Copy of Certificate for Company/Organisation	PDF	Electronic (i) / Paper (ii)
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	PDF	Electronic (i) / Paper (ii)
5	Report for Application for Day Procedure Centre Licence PHF 25 - Part A (General)	PDF	Electronic (i) / Paper (ii)
6	Report for Application for Day Procedure Centre Licence PHF 25 - Part A (Annex)	PDF	Electronic (i) / Paper (ii)
7	Report for Application for Day Procedure Centre Licence PHF 25 - Part B5 (Haemodialysis)	PDF	Electronic (i) / Paper (ii)
8	2-week duty roster of nursing staff and supporting care staff (with staff name) after commencement of each service	PDF	Electronic (i) / Paper (ii)
9	Specialty qualification or training record of nurse	PDF	Electronic (i) / Paper (ii)

**Remarks:**

i. e-Upload only support the following formats

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

ii. Uploaded file cannot exceed 10MB

- iii. Each document has one 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 [orphf@dh.gov.hk](mailto:orphf@dh.gov.hk)

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

Print Draft

Section I → Section II → Section III → Section IV → Confirm Information

Reference No.	D2200085
Licence Type	Day Procedure Centre Licence
Estimated Application Fee	HK\$ 28,400
Application Status	Temporarily Saved

Forms/Documents

**Important Notices**  
The data you have input are now displayed below for confirmation. You are advised to check the accuracy of the data carefully as the application cannot be amended online once submitted. Any subsequent request to rectify errors or omissions in the application can be submitted through written request.

**Particulars of Day Procedure Centre (To be displayed for public)**

a. Name of the Day Procedure Centre in Chinese: 示範牙科日間醫療中心  
b. Name of the Day Procedure Centre in English: Demo Example DPC  
c. Address of the Day Procedure Centre in Chinese (hereinafter referred to as "the Premises"): 九龍旺角323火燭大廈10A室  
d. Address of the Day Procedure Centre in English (hereinafter referred to as "the Premises"): Flat A, 10, Flame Building, 323, Mongkok, Kowloon  
e. Telephone Number of the Day Procedure Centre: 25552696 (Telephone Number 1)  
23232424 (Telephone Number 2)  
f. Fax Number of the Day Procedure Centre: 35553696  
g. E-mail Address of the Day Procedure Centre: admin@newdpc.com  
h. Type(s) of practice of the Day Procedure Centre: Medical Practice  
Dental Practice

**Scale and Scope of Services provided in the Day Procedure Centre**

Scale of Services provided in the Day Procedure Centre:	Room type	Number

I understand that the application cannot be amended online once submitted.

Back Confirm Information

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

Reference No. D2200125  
 Application Type Day Procedure Centre Licence - New Application  
 Estimated Application Fee HK\$ 28,400  
 Application Status Pending Submission

Your application has NOT been completed yet. Please prepare the documents below and submit to the Office for Regulation of Private Healthcare Facilities through (i) electronic or (ii) paper channel.

#	Checklist of Documents	Submission Channel	
		Electronic (i)	Paper (ii)
1	Application Form for Day Procedure Centre Licence PHF 22	Upload Document	Print Download Document
2	Declaration by the Chief Medical Executive of the Day Procedure Centre PHF 24	Upload Document	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)	Upload Document	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	Speciality 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 enquiries, 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 O Kwan Road  
 Wan Chai, Hong Kong

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”

Reference No. C2200084  
 Application Type Clinic Licence (Full Licence) - New Application  
 Estimated Application Fee HK\$ 10,900  
 Application Status Pending Submission

Your application has NOT been completed yet. Please prepare the documents below and submit to the Office for Regulation of Private Healthcare Facilities through (i) electronic or (ii) paper channel.

#	Checklist of Documents	Submission Channel	
		Electronic (i)	Paper (ii)
1	Application Form for Clinic Licence PHF 32	Sign and Submit via iAM Smart+	Print and Sign
2	Declaration by the Chief Medical Executive of a Clinic PHF 34	Sign and Submit via iAM Smart+	Print and Sign
3	Photocopy of Certificate of Incorporation of Company/Body Corporate/Society	Upload	
4	Documentation substantiating authorization in respect of the authorized representative to represent the applicant in the application for licence	Upload	
5	Layout plan of the clinic premises (drawn to the scale and format as specified in the Guidance note PHF(E) 32A)	Upload	
6	Report for Application for Clinic Licence PHF 35	Upload	
7	2-week duty roster of nursing staff and supporting care staff (with staff name) after commencement of each service*	Upload	
8	Speciality qualification or training record of nurse*	Upload	

\* Documents to be submitted at least 10 working days before site inspection

For enquiries, please contact the Office for Regulation of Private Healthcare Facilities, Department of Health by phone or email as indicated below.

Licensing Division

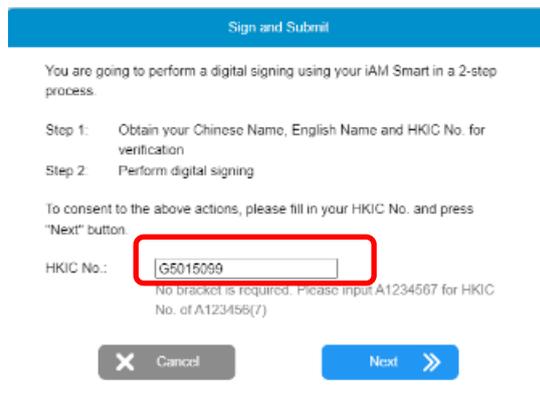
- 2a. Click radio button **Sign the document now as the Applicant / Authorized Representative** if you wish to sign the Application form



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



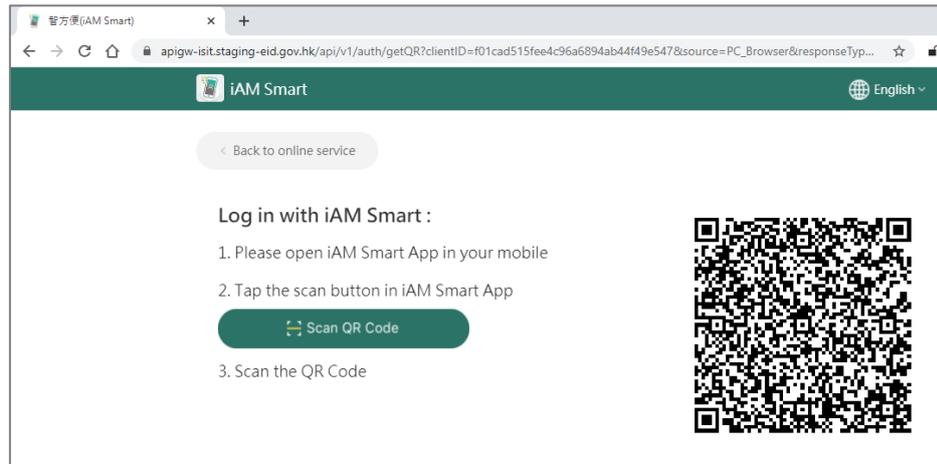
3. Input HKIC no. without bracket.



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

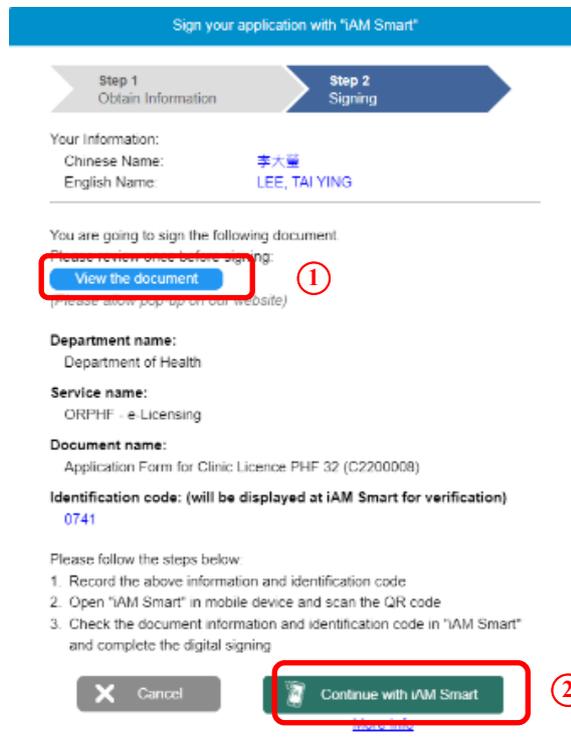


5. e-Licensing will show the QR code. Login mobile app “iAM Smart” and scan the QR code with mobile device.



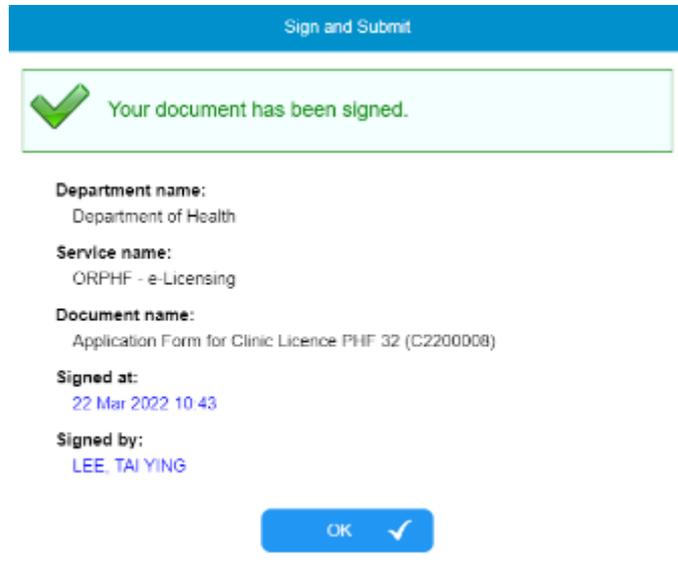
6. At your mobile device, click **Agree to use** in “iAM Smart” app.
7. At your mobile device, click **OK** button in “iAM Smart” app.
8. Click **View the document button** in e-Licensing platform to view **before** clicking **Continue with iAM Smart** button in e-Licensing platform.

**\*\*Click “View the document” is required before you can continue in this step\*\***



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.



### 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 ”

#	Checklist of Documents	Submission Channel	
		Electronic <sup>(i)</sup>	Paper <sup>(i)</sup>
1	Application Form for Clinic Licence PHF 32	Sign and Submit via iAM Smart+	Print and Sign
2	Declaration by the Chief Medical Executive of a Clinic PHF 34	Sign and Submit via iAM Smart+	Print and Sign
3	Photocopy of Certificate of Incorporation of Company/Body Corporate/Society	Upload	
4	Documentation substantiating authorization in respect of the authorized representative to represent the applicant in the application for licence	Upload	
5	Layout plan of the clinic premises (drawn to the scale and format as specified in the Guidance note PHF(E) 32A)	Upload	
6	Report for Application for Clinic Licence PHF 35	Upload	
7	2-week duty roster of nursing staff and supporting care staff (with staff name) after commencement of each service*	Upload	
8	Specialty qualification or training record of nurse*	Upload	

\* Documents to be submitted at least 10 working days before site inspection

For enquiries, please contact the Office for Regulation of Private Healthcare Facilities, Department of Health by phone or email as indicated below.

Licensing Division

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

Sign and Submit

Sign the document now as the Authorized Representative

Send an email to [cwc:777@healthybody.org](mailto:cwc:777@healthybody.org) and ask LEE, TAI YING to sign the document

Cancel Confirm

Sign and Submit

Sign the document now as the Chief Medical Executive

Send an email to [wsy:123@healthybody.org](mailto:wsy:123@healthybody.org) and ask LEE, TAI YING to sign the document

Cancel Confirm

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  
To: demouser@gmail.com  
Subject: Application for Clinic Licence (C2200008) - Document Requiring Signing by iAM Smart 申請診所牌照 - 文件待「醫方便」數碼簽署

(This is an automatic email generated by the e-Licensing, please 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 Chief Medical Executive of a Clinic PHF 34

Please prepare your iAM Smart App and click the following link to sign the document(s):  
[https://dhservice1.hadev.org.hk/Submission\\_Test/MainLobby.aspx?i=iasds&c=eemoMOnTXiaOHYCh1V2a&lan=en](https://dhservice1.hadev.org.hk/Submission_Test/MainLobby.aspx?i=iasds&c=eemoMOnTXiaOHYCh1V2a&lan=en)

For enquiries, please contact us by phone at (852) 3107 8451 or email ([orphf@dh.gov.hk](mailto:orphf@dh.gov.hk)).

Licensing Division  
Office for Regulation of Private Healthcare Facilities  
Department of Health

c.c. LEE Siu Man

Note:

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 that all information provided is true and accurate.

(這是由電子牌照系統自動發出的電郵，請不要回覆此電郵。)

敬請大鑒：

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

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 verification  
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)

Exit Next

Important Notices Privacy Policy System Maintenance Contact Us

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

From: orphf.system@dh.gov.hk (Testing)  
Sent: 2022-03-22 11:36:11  
To: demouser@gmail.com  
Subject: 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-Licensing, please 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 document(s) has been signed by iAM Smart.

Document:  
- Declaration by the Chief Medical Executive of a Clinic PHF 34

Signed at: 22 Mar 2022 11:09

For enquiries, please contact us by phone at (852) 3107 8451 or by email ([orphf@dh.gov.hk](mailto:orphf@dh.gov.hk)).

Licensing Division  
Office for Regulation of Private Healthcare Facilities  
Department of Health

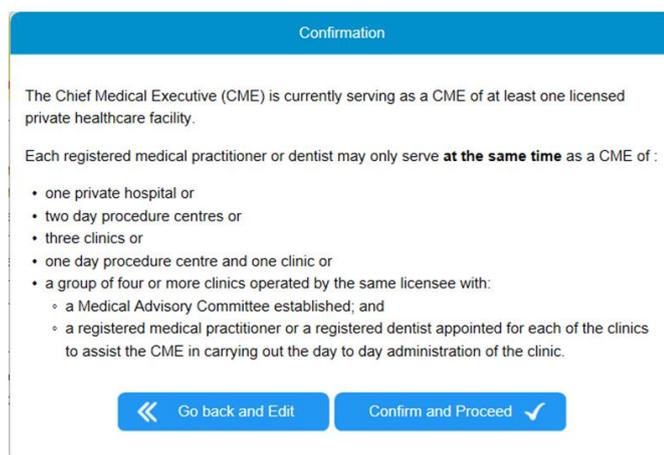
c.c. LEE Siu Man

Note:

*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 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.

The screenshot displays the 'Application for Hospital Licence' interface. At the top, there is a reference number 'H2000184' and a 'Forms/Documents' link. A navigation bar contains four sections: 'Particulars of Hospital (Part 1)', 'Particulars of Hospital (Part 2)', 'Particulars of Applicant', and 'Particulars of CME'. The 'Particulars of Hospital (Part 1)' section is currently active. Below the navigation bar, the form fields for 'Section I - Particulars of Hospital (Part 1 / 2)' are visible, including fields for hospital name in Chinese and English, address in Chinese and English, telephone number, fax number, email address, and intended date of commencement. Three buttons are highlighted with red boxes: 'Print Draft' in the top right corner, 'Save' at the bottom center, and 'Save and Continue' at the bottom right.

### 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	Status	Remark
H2000184	Hospital Licence	Temporarily Saved	
H2000185	Hospital Licence	Pending Hardcopy Submission	

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

**Application for Hospital Licence**

Reference No.	H2000184
Licence Type	Hospital Licence
Application Status	Temporarily Saved
Last Update Time	07 Jul 2020 14:15

[Forms/Documents](#)

**Section I - Particulars of Hospital**

a. Name of the Hospital in Chinese: 示範中文名  
b. Name of the Hospital in English: Demo Name EN  
c. Address of the Hospital in Chinese: 1. 新界荃灣8642室  
2. 九龍鑽石山20181614室  
d. Address of the Hospital in English: 1. Flat 1, 3, 5, 7, Tsuen Wan, New Territories  
2. Flat 13, 15, 17, 19, Diamond Hill, Kowloon  
e. Telephone Number of the Hospital: 25552666  
f. Fax Number of the Hospital: 35553666  
g. E-mail Address of the Hospital: admin@newhospital.com  
h. Intended date of commencement of operation of the Hospital: 01 Jan 2021  
i. Scale and scope of service intended to be provided in the premises of the Hospital: (including all information listed in Tables 1 to 4 below)

Table 1: Number of In-patient Beds

Ward No.	Official Department/Service	Number of In-patient Beds
----------	-----------------------------	---------------------------

[Back](#) [Continue to Edit](#) [Remove](#)

- 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.  
Remarks: Applications with status other than “**Temporarily Saved**” cannot be edited.

## 3.9 Remove Application

### 3.9.1 Remove Temporarily Saved Application by the Applicant

- Repeat steps 1-3 in **Section 3.8**.
- A screen of application preview is loaded. Click **Remove** button.

**Application for Hospital Licence**

Reference No.	H2000184	<a href="#">Forms/Documents</a>
Licence Type	Hospital Licence	
Application Status	Temporarily Saved	
Last Update Time	07 Jul 2020 14:15	

**Section I - Particulars of Hospital**

a. Name of the Hospital in Chinese: 示範中文名  
b. Name of the Hospital in English: Demo Name EN  
c. Address of the Hospital in Chinese: 1. 新界荃灣8642室  
2. 九龍鑽石山20181614室  
d. Address of the Hospital in English: 1. Flat 1, 3, 5, 7, Tsuen Wan, New Territories  
2. Flat 13, 15, 17, 19, Diamond Hill, Kowloon  
e. Telephone Number of the Hospital: 25552666  
f. Fax Number of the Hospital: 35553666  
g. E-mail Address of the Hospital: admin@newhospital.com  
h. Intended date of commencement of operation of the Hospital: 01 Jan 2021  
i. Scale and scope of service intended to be provided in the premises of the Hospital: (including all information listed in Tables 1 to 4 below)

Table 1: Number of In-patient Beds

Item No.	Clinical Department/Service	Number of In-patient Beds

3. Click **Confirm** button.

**Remove**

Confirm to remove this application?

Warning: This action cannot be undone!

4. Click **OK** button.

**Application for Hospital Licence**

 The application has been removed.

### 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	Submission Channel	
		Electronic (i)	Paper (i)
1	Application Form for Day Procedure Centre Licence PHF 22		<a href="#">Print</a>
2	Declaration by the Chief Medical Executive of the Day Procedure Centre PHF 24		<a href="#">Download Document</a>
3	Copy of Certificate for Company/Organisation	<a href="#">Upload Document</a>	
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	<a href="#">Upload Document</a>	
5	Report for Application for Day Procedure Centre Licence PHF 25 - Part A (General)	<a href="#">Upload Document</a>	<a href="#">Download Document</a>
6	Report for Application for Day Procedure Centre Licence PHF 25 - Part A (Annex)		<a href="#">Download Document</a>
7	Report for Application for Day Procedure Centre Licence PHF 25 - Part B5 (Haemodialysis)	<a href="#">Upload Document</a>	<a href="#">Download Document</a>
8	2-week duty roster of nursing staff and supporting care staff (with staff name) after commencement of each service*	<a href="#">Upload Document</a>	
9	Specialty qualification or training record of nurse*	<a href="#">Upload Document</a>	
10	Layout plan of the premises of the day procedure centre (drawn to the scale of not less than 1:100)	<a href="#">Upload Document</a>	

\* Documents to be submitted at least 10 working days before site inspection

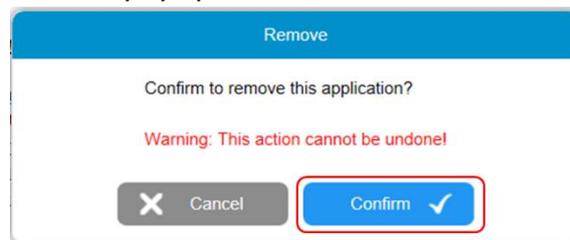
For enquiries, please contact the Office for Regulation of Private Healthcare Facilities, Department of Health by phone or email as indicated below.

Licensing Division  
Office for Regulation of Private Healthcare Facilities  
Department of Health  
6/F, Guardian House  
32 Oi Kwan Road  
Wan Chai, Hong Kong  
Enquiry Telephone Number: 3107 8451  
Email Address: [orpdf@dh.gov.hk](mailto:orpdf@dh.gov.hk)

[Back](#) [Remove Application](#)

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

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



### 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.
3. 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	Status	Remark
<a href="#">D2005729</a>	Day Procedure Centre Licence (Full Licence)	Document Vetting in Progress	
<a href="#">D2005729P</a>	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.

The screenshot shows the e-Licensing portal for the Department of Health, Government of the Hong Kong Special Administrative Region. The user is logged in as LEE, SZE MING. The page displays details for an application for Day Procedure Centre Licence (Provisional Licence) with reference number D2005729P. The application status is 'Pending Application Result'. A button labeled 'View Progress of Full Licence' is highlighted with a red box.

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

07/07/2020 14:28:35 | LEE, SZE MING | Logout

On behalf of Canossa Hospital (Caritas)

**Application for 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

Reference No.	D2005729P	<a href="#">Forms/Documents</a>
Licence Type	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	
Application Fee	HK\$ 2,180	
Application Status	Pending Application Result	
Online Submission	<a href="#">View Application Form</a> (Submitted on 31 Mar 2020 16:56)	

Your current application status is: **Pending Application Result**

For enquiries, please contact the Office for Regulation of Private Healthcare Facilities, Department of Health 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  
Enquiry Telephone Number: 3107 8451  
Email Address: [orphtf@dh.gov.hk](mailto:orphtf@dh.gov.hk)

[Back](#) | [View Progress of Full Licence](#)

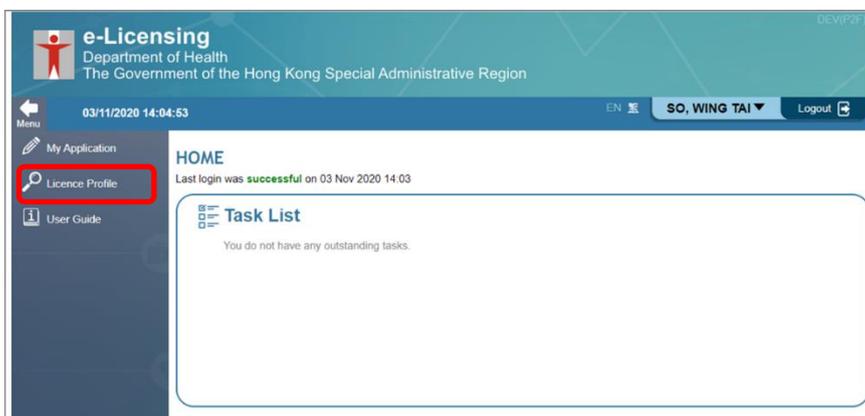
## 5 Variation of Service/ Particulars for Private Healthcare Facilities Licence

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.



3. Click the hyperlink of the licence



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

e. Please state if the following medical facilities are applicable to this Centre:	Chinese medicine service	Yes
	Others (e.g. Audiology service, Speech therapy service)	No
	Medical facilities	
	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

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

5. Click the declaration checkbox.

6. Click **Proceed** button.

**Declaration**

I have read, understood and agreed with the above terms and conditions.

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

07/12/2020 12:14:06    EN 粵    SO, WING TAI    Logout

**Application for Day Procedure Centre Licence - Variation of Service / Particulars**

New application has been created.

Reference No.

This application has been linked to your account, you can always review the application in the first page of this function.

### 5.1.2 Starting a Variation of Service Application from “My Application”

1. Login the System.

2. Click **My Application** button.

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

03/11/2020 14:04:53    EN 粵    SO, WING TAI    Logout

**HOME**  
Last login was **successful** on 03 Nov 2020 14:03

**Task List**  
You do not have any outstanding tasks.

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

4. Click **Proceed** button.

**Application for Variation of Service / Particulars**

I would like to apply variation of service / particulars for:

Day Procedure Centre

Proceed >>

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

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

Medical facilities	
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 Variation of Service / Particulars

6. Click the declaration checkbox.

7. Click **Proceed** button.

**Declaration**

I have read, understood and agreed with the above terms and conditions.

Back

Proceed >>

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

Menu Home 07/12/2020 12:14:06 EN 粵 SO, WING TAI Logout

**Application for Day Procedure Centre Licence - Variation of Service / Particulars**

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 >>

## 5.2 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.

Application for Day Procedure Centre Licence - Variation of Service / Particulars

PHF No. DP000147  
Name of DPC Apple Day Procedure Center

I would like to apply for the following variation(s) of service / particulars for my DPC:

Type of Variation of Service / Particulars	
<input type="checkbox"/>	Section A1 - Change of DPC Particulars
<input type="checkbox"/>	Section A2 - Change of Particulars of Existing Licensee
<input type="checkbox"/>	Section A3 - Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation
<input type="checkbox"/>	Section A4 - Change of Particulars of Chief Medical Executive (CME)
<input type="checkbox"/>	Section A5 - Variation of DPC Service <ul style="list-style-type: none"><li>• Change of type of practice</li><li>• Change in the number of rooms</li><li>• Change of specialized service or its particular medical procedures</li><li>• Change of clinical and clinical supporting service</li><li>• Change in healthcare engineering systems or installations, water treatment and distribution system</li><li>• Change in layout plan of the premises other than the above variations</li><li>• Change of DPC address as a result of the above variations</li></ul>

Back Next

3. 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.

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

22/01/2021 11:36:22

Application for Day Procedure Centre Licence - Variation of Service / Particulars

Reference No. D2100067V PHF No. DP000022

Section A1: Change of DPC Particulars  
Section A2: Change of Particulars of Existing Licensee  
Section A3: Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation  
Section A4: Change of Particulars of Chief Medical Executive (CME)  
Section A5: Variation of DPC Service  
Confirm Information

Section A1 - Change of DPC Particulars

Effective Date: 22-01-2021

DPC Name after Amendment		
Current	New	
(in Chinese)	河馬日間醫療中心	
(in English)	Hippopotamus Day Procedure Centre	

Contact Information of DPC after Amendment	
Current	New

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

Change of DPC Particulars	→	Change of Particulars of Existing Licensee	→	Change of Particulars of Chief Medical Executive (CME)	→	Variation of DPC Service	→	Confirm Information
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**Important Notices**  
The data you have input are now displayed below for confirmation. You are advised to check the accuracy of the data carefully as the application cannot be amended online once submitted. Any subsequent request to rectify errors or omissions in the application can be submitted through written request.

**Section A1 - Change of DPC Particulars**

DPC Name after Amendment

	Current	New
(in Chinese)	永泰日間醫療中心	(Same as current)
(in English)	Wing Tai Day Procedure Center	(Same as current)

Contact Information of DPC after Amendment

	Current	New
Telephone Number:	25552666 (Telephone Number 1) 23232424 (Telephone Number 2)	25552665 (Same as current)
Fax Number:	35553666	(Same as current)
E-mail Address:	admin@wingtaidpc.com	(Same as current)

DPC Address after Amendment (Renaming of Road/Street/Building, re-numbering of floor/flat/room/shop)

	Current	New
(in Chinese)	九龍旺角西洋菜南街323號陽光樂樓7A至B座	<input type="button" value="Copy current address"/> 九龍 <input type="text" value="油尖旺區"/> <input type="text" value="旺角"/> Number and Name of Road/Street <input type="text"/> Building/Block <input type="text"/> Floor e.g. G/F, 1-3/F <input type="text"/> -- <input type="text"/> (0/80)
(in English)	Flat A-B, 7, Sunshine Commercial Building, 323 Sai Yeung Choi South Street, Mongkok, Kowloon	<input type="button" value="Copy current address"/> -- <input type="text"/> Floor e.g. G/F, 1-3/F <input type="text"/> Building/Block <input type="text"/> Number and Name of Road/Street <input type="text"/> Mongkok <input type="text"/> Yau Tsim Mong <input type="text"/> Kowloon <input type="text"/> (0/160)

I understand that the application cannot be amended online once submitted.

- 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)

Change of DPC Particulars	→	Change of Particulars of Existing Licensee	→	Change of Particulars of Chief Medical Executive (CME)	→	Variation of DPC Service	→	Confirm Information
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**Section A1 - Change of DPC Particulars**

- DPC Name after Amendment
 

	Current	New
(in Chinese)	永泰日間醫療中心	<input type="text"/>
(in English)	Wing Tai Day Procedure Center	<input type="text"/>
- Contact Information of DPC after Amendment
 

	Current	New
Telephone Number:	25552666 (Telephone Number 1) 23232424 (Telephone Number 2)	<input type="text"/> (Telephone Number 1) <input type="text"/> (Telephone Number 2) <input type="checkbox"/> Remove Current
Fax Number:	35553666	<input type="text"/> <input type="checkbox"/> Remove Current
E-mail Address:	admin@wingtaidpc.com	<input type="text"/> <input type="checkbox"/> Remove Current
- DPC Address after Amendment (Renaming of Road/Street/Building, re-numbering of floor/flat/room/shop)
 

	Current	New
(in Chinese)	九龍旺角西洋菜南街323號陽光樂樓7A至B座	<input type="button" value="Copy current address"/> 九龍 <input type="text" value="油尖旺區"/> <input type="text" value="旺角"/> Number and Name of Road/Street <input type="text"/> Building/Block <input type="text"/> Floor e.g. G/F, 1-3/F <input type="text"/> -- <input type="text"/> (0/80)
(in English)	Flat A-B, 7, Sunshine Commercial Building, 323 Sai Yeung Choi South Street, Mongkok, Kowloon	<input type="button" value="Copy current address"/> -- <input type="text"/> Floor e.g. G/F, 1-3/F <input type="text"/> Building/Block <input type="text"/> Number and Name of Road/Street <input type="text"/> Mongkok <input type="text"/> Yau Tsim Mong <input type="text"/> Kowloon <input type="text"/> (0/160)

## 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 Service → Confirm Information

**Section A2 - Change of Particulars of Existing Licensee**

Type of Applicant: Sole Proprietor

- Change of Name of Existing Licensee
 

	Current	New
1	Name (Chinese) 王永泰先生	<input type="text"/> <input type="text"/> 先生 (Surname) (Given Name) (Title)
	Name (English) Mr WONG, WING TAI	Mr <input type="text"/> <input type="text"/> (Title) (Surname) (Given Name)
- Correspondence of Licensee after amendment
 

	Current	New
Correspondence of the Licensee (Chinese):	九龍觀塘亞答老街513號春天商業大樓28A至B室	Copy DPC Address --- Area ---   --- District ---   -- Number and Name of Road/Street Building/Block Floor e.g. G/F, 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 --   Floor e.g. G/F, 1-3/F Building/Block Number and Name of Road/Street --   --- District ---   --- Area --- (0/160)
Telephone Number:	21112555	<input type="text"/>
Fax Number:	31113555	<input type="text"/> <input type="checkbox"/> Remove Current
E-mail Address:	admin@wingtaidpc.com	<input type="text"/>

Back Save Save and Continue

## Company

Change of DPC Particulars → **Change of Particulars of Existing Licensee** → Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation → Confirm Information

**Section A2 - Change of Particulars of Existing Licensee**

Type of Applicant: Company / Organisation

- Change of Name of Existing Licensee
 

	Current	New
Name of Company / Organisation (Chinese):	香港健康身體有限公司	<input type="text"/>
Name of Company / Organisation (English):	Hong Kong Healthy Body Limited	<input type="text"/>
- Correspondence of Licensee after amendment
 

	Current	New
Correspondence of the Licensee (Chinese):	九龍旺角西洋菜南街323號陽光南興大樓7A至B室	Copy DPC Address --- Area ---   --- District ---   -- Number and Name of Road/Street Building/Block Floor e.g. G/F, 1-3/F (0/80)

## Partnership

<b>Section A1</b> Change of DPC Particulars	→	<b>Section A2</b> Change of Particulars of Existing Licensee	→	<b>Section A3</b> Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation	→	<b>Section A4</b> Change of Particulars of Chief Medical Executive (CME)	→	<b>Section A5</b> Variation of DPC Service	→	Confirm Information
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**Section A2 - Change of Particulars of Existing Licensee**

- Change of Name of Existing Licensee  
Only applicable to change of particulars of existing licensee

	Current	New		Remove Partner	
1	Name (Chinese): 陳永莊先生 Name (English): Mr CHAN, WING CHONG	<input type="text"/> (Surname)	<input type="text"/> (Given Name)	先生 (Title)	<input type="checkbox"/>
		Mr (Title)	<input type="text"/> (Surname)	<input type="text"/> (Given Name)	
2	Name (Chinese): 陳文大醫生 Name (English): Dr CHAN, MAN TAI	<input type="text"/> (Surname)	<input type="text"/> (Given Name)	醫生 (Title)	<input type="checkbox"/>
		Dr (Title)	<input type="text"/> (Surname)	<input type="text"/> (Given Name)	
3	Name (Chinese): 陳文太太 Name (English): Mrs CHAN, TAI MAN	<input type="text"/> (Surname)	<input type="text"/> (Given Name)	太太 (Title)	<input type="checkbox"/>
		Mrs (Title)	<input type="text"/> (Surname)	<input type="text"/> (Given Name)	

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

#### Company

Change of DPC Particulars	→	Change of Particulars of Existing Licensee	→	<b>Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation</b>	→	Confirm Information
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**Section A3 - Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation**

Change of authorized partner / authorized representative of company or organisation
  Change of particulars of existing authorized partner / authorized representative of company or organisation

	Current	New	
Name (Chinese):	王永泰先生	<input type="text"/> (Surname)	<input type="text"/> (Given Name) <input type="text"/> (Title)
Name (English):	Mr WONG, WING TAI	<input type="text"/> (Title)	<input type="text"/> (Surname) <input type="text"/> (Given Name)
Hong Kong Identity Card Number:	*****	<input type="radio"/> Hong Kong Identity Card Number <input type="text"/> (e.g. A123456(7)) <input type="radio"/> Passport Number <input type="text"/> Place of Issue <input type="text"/>	
Position in the Company / Organisation:	CEO	<input type="text"/>	
Telephone Number:	21112555	<input type="text"/>	
E-mail Address:	admin@wingtaidpc.com	<input type="text"/>	

#### Partnership

Change of DPC Particulars	→	Change of Particulars of Existing Licensee	→	<b>Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation</b>	→	Confirm Information
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**Section A3 - Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation**

Change of authorized partner / authorized representative of company or organisation
  Change of particulars of existing authorized partner / authorized representative of company or organisation

	Current	New	
Name (Chinese):	王永泰先生	<input type="text"/> (Surname)	<input type="text"/> (Given Name) <input type="text"/> (Title)
Name (English):	Mr WONG, WING TAI	<input type="text"/> (Title)	<input type="text"/> (Surname) <input type="text"/> (Given Name)
Telephone Number:	21112555	<input type="text"/>	
E-mail Address:	admin@wingtaidpc.com	<input type="text"/>	

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

[Change of DPC Particulars](#) → 
 [Change of Particulars of Existing Licensee](#) → 
 **Change of Particulars of Chief Medical Executive (CME)** → 
 Variation of DPC Service → 
 Confirm Information

**Section A4 - Change of Particulars of Chief Medical Executive (CME)**

Change of CME 
  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	<input type="text"/> <input type="text"/> (Surname) (Given Name)
Name of the Chief Medical Executive in English (As stated on Hong Kong Identity Card):	WONG, WING TAI	<input type="text"/> <input type="text"/> (Surname) (Given Name)
Hong Kong Identity Card Number:	*****	<input type="text"/>
Registration Number under Medical Registration Ordinance (Cap. 161):	M11559	<input type="text"/>
Year of First Registration under Medical Registration Ordinance (Cap. 161):	1998	<input type="text"/> (Chief Medical Executive has to be registered for not less than 6 years)
Telephone Number:	25512551	<input type="text"/>
Fax Number:	35513551	<input type="text"/> <input type="checkbox"/> Remove Current
E-mail Address:	admin@wingtaidpc.com	<input type="text"/>

[Change of DPC Particulars](#) → 
 [Change of Particulars of Existing Licensee](#) → 
 **Change of Particulars of Chief Medical Executive (CME)** → 
 Variation of DPC Service → 
 Confirm Information

**Section A4 - Change of Particulars of Chief Medical Executive (CME)**

Change of CME 
  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	<input type="text"/> <input type="text"/> (Surname) (Given Name)
Name of the Chief Medical Executive in English (As stated on Hong Kong Identity Card):	WONG, WING TAI	<input type="text"/> <input type="text"/> (Surname) (Given Name)
Telephone Number:	25512551	<input type="text"/>
Fax Number:	35513551	<input type="text"/> <input type="checkbox"/> Remove Current
E-mail Address:	admin@wingtaidpc.com	<input type="text"/>

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 dentist; modification of the sterilisation room into a clean room and a dirty room; change of the operating room into a treatment room; change of the store room into a drug dispensing 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 medical procedures

Change of type of clinical and clinical supporting service

Change of DPC address as a result of the above variations  
[NOT for relocation of DPC premises](#)

← Back
Save 
Save and Continue >>

### 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 Application**

In Progress Record (1)
Application History (1)

Reference No.	Application Type	Status	Remark
<a href="#">D2000137V</a>	Day Procedure Centre Licence - Variation of Service / Particulars	Temporarily Saved	

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

The screenshot shows the top navigation bar with 'Menu', 'Home', '04/11/2020 11:27:03', 'EN 繁', 'SO, WING TAI', and 'Logout'. The main heading is 'Application for Day Procedure Centre Licence - Variation of Service / Particulars'. Below this is a table with the following data:

Reference No.	D2000137V	<a href="#">Forms/Documents</a>
Application Type	Day Procedure Centre Licence - Variation of Service / Particulars	
Application Status	Temporarily Saved	

At the bottom, there are three buttons: 'Back', 'Continue to Edit' (highlighted with a red box), and 'Remove'.

## 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.

The screenshot shows the 'My Application' page with two tabs: 'In Progress Record (1)' and 'Application History (1)'. The 'Application History (1)' tab is active, displaying a table with the following data:

Reference No.	Application Type	Status	Remark
<a href="#">D2000137V</a>	Day Procedure Centre Licence - Variation of Service / Particulars	Temporarily Saved	

4. Click **Remove** button.

This screenshot is identical to the one above, showing the application details page. The 'Remove' button at the bottom right is highlighted with a red box.

## 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 [e-Licensing](#)
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](mailto: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 [e-Licensing](#) 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.

Reference No.	D2006602P	<a href="#">Forms/Documents</a>
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	
Application Status	Pending Payment	
Online Submission	<a href="#">View Application Form</a> (Submitted on 08 Jul 2020 16:06)	

Your application is pending for payment. Please refer to the information below.

1. Download the demand note.  
[Download](#)
2. Settle the payment **on or before 24 Jul 2020**.
3. **Any application fee paid will not be refunded regardless of whether the application is approved or not.**
4. For enquiries, please contact the Office for Regulation of Private Healthcare Facilities, Department of Health 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

Enquiry Telephone Number: 3107 8451  
Email Address: [orphf@dh.gov.hk](mailto:orphf@dh.gov.hk)

[Back](#)

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

Dear name of Authorized Representative/Sole Proprietor, <sup>1</sup>

Application for Day Procedure Centre Licence<sup>2</sup>  
(Acknowledgement of Receipt of Payment)<sup>3</sup>  
Reference No: D20XXXXXP<sup>4</sup>

This is to acknowledge the receipt of your application fee<sup>5</sup>. <sup>1</sup>

Your application is under process. Our Officer will contact you regarding the subsequent application procedures.<sup>6</sup>

For enquiries, please contact us by phone or email as indicated below. <sup>1</sup>

**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

<sup>8</sup> Payment is valid only after the cheque or e-Cheque is cleared. <sup>1</sup>

Notes: <sup>1</sup>

(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.<sup>9</sup>

(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.<sup>10</sup>

(3) Any application fee paid will not be refunded regardless of whether the application is approved or not. <sup>1</sup>

## 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.

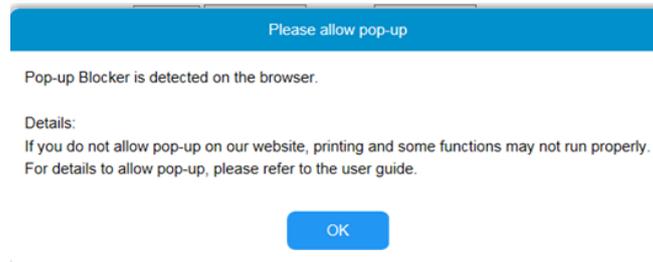
The application status is summarized in the table below:

Online Application Form	Status Shown to Applicant
Filling online application form	Temporarily Saved
Submitted online application form	Pending Submission
<b>Screening and Vetting</b>	
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
<b>Application Result</b>	
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.



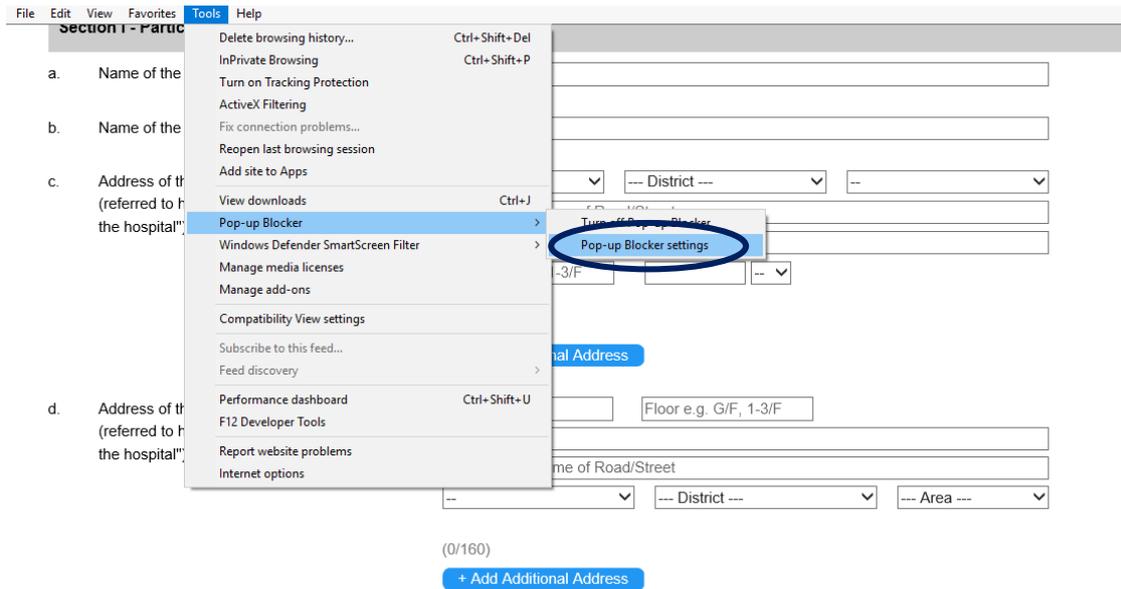
To allow pop-up, please follow the steps below:

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

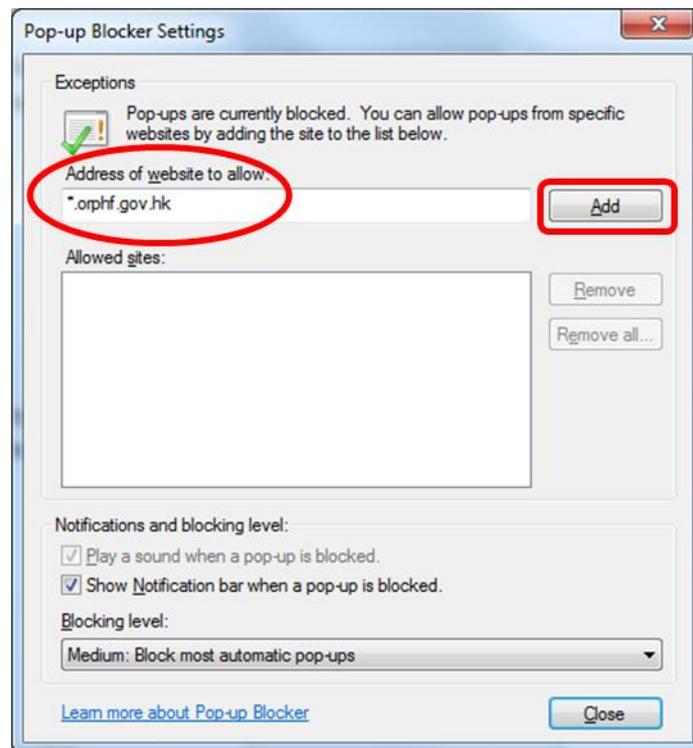


**OR**

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



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



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

