

APPLICATION FOR PRACTISING CERTIFICATE 执业准证申请
(For new and Restoration Cases Only) (仅限于新的与重新执业的注册者)

Note: All sections of the form must be completed. Incomplete form will not be processed.
所有的部分必须填妥，不完整的表格将不受理。

My Personal Particulars 我的个人资料:

Name (in English & Chinese): _____
中英文姓名
NRIC/FIN/Other Registered No. _____
或其他注册号码
Tel (Home) / Fax(Home) / Handphone Nos. _____
住家电话/传真/手机号码
Email Address: _____
电邮地址
Home (NRIC) Address 住家地址: _____
_____ Postal Code _____

My Practice Status 我的执业状况

I am working full time / part time* in private practice / charitable clinic / restructured hospital / private hospital. *我在私人诊所/ 慈善诊所/ 重组医院/ 私人医院* 全职/兼职* 执业。

Name of Practice Place (in English and Chinese) 执业地点中英文名: _____

Address of Practice Place 执业地址: _____

Tel (Office) 电话: _____ Fax (Office) 传真: _____

Appointment 职位: _____

My main area of TCM practice: General TCM / Acupuncture / TCM Gushang – Tuina *
我的主要执业范围: 中以普通科 / 针灸 / 中医骨伤推拿*

For those practice in Private Clinic, please confirm 在私人诊所执业者，请注明:

I am in solo practice / partnership practice / an employee *.

我是单独执业 / 合伙执业 / 受雇者*。

My Request 我的要求:

- I wish to apply for a new practising certificate. 我要申请新的执业准证。
- I wish to renew my practising certificate. 我要更新执业准证。
- I will pay by Cash / Cheque / GIRO*. My Bank Account no.: _____
我要以现款/ 支票/ 财路* 付费。 我的银行户口
- I do not wish to renew my practising certificate because I am/going to/ have overseas/ retired/ ceased practice. *我不要更新执业准证因为我 要/已经* 出国/ 退休/ 不再执业*。

Date: _____ Signature of TCM Practitioner: _____
日期 中医执业者签名

* Please delete where applicable. *请划掉不适用之处。

FOR OFFICIAL USE:

Checked by: _____

Payment Date: _____

Record updated by: _____ Date: _____