



TRADITIONAL CHINESE MEDICINE PRACTITIONERS BOARD

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APPLICATION FOR REGISTRATION OF TCM PRACTITIONERS 中医执业者注册申请

Please read the following instruction carefully. Application without complete accompanying documents or application fee will be returned.

请详读下列的指引。凡未呈交完整支持证件或报名费的申请将被退回。

INSTRUCTIONS TO APPLICANT

- 1 Fill in Sections (I) to (VI) of the application form, with Section VI to be completed by a Registered TCM Practitioner on full registration, or a Magistrate, or a Commissioner of Oath, or a Justice of Peace.
- 2 Applicants must submit the following documents together with the original application form. Certified authenticated English translation must be submitted together with the documents if they are not in the English language.
 - a) 2 passport-sized photographs taken not more than 6 months ago, one to be pasted on the original application form;
 - b) Photocopies of NRIC / Foreign Identification Card / Passport etc;
 - c) Certified copies of TCM qualifications;
 - d) Original letters of verification from issuing authorities on all TCM qualifications;
 - e) Certified transcripts of examination results for the TCM studies;
 - f) Service testimonials of working experience in the past from the supervisors or institutions concerned, indicating employment grade, nature of work, period employed and an assessment of the performance of the applicant; and information on place of employment etc;
 - g) Certified copies of certificates of registration, latest practising certificate and professional appointment with other TCM licensing authorities;
 - h) Current and original Certificate of Good Standing (CGS) from the licensing authority in the country where the TCM practitioner has been practising during the last 3 years prior to application. The CGS must not be more than 3 months old from its issue date;
 - i) Certified copy of Registration Certificate if also registered in another medical or paramedical profession;
 - j) Certified copies of Certificate of National or Provincial Awards on Outstanding Performance / Contribution in TCM;
 - k) Letter of offer of employment from prospective employer in Singapore;
 - l) Letter from the sponsoring healthcare institution / company stating the purpose of the application and period of registration required.

Applicants who completed local TCM courses:

- m) 2 passport-sized photographs taken not more than 6 months ago, one to be pasted on the original application form;
- n) Photocopies of NRIC / Foreign Identification Card / Passport etc;
- o) Certified copy of TCM qualification;
- p) Certified transcripts of examination results for the TCM studies;
- q) Original testimonial from the Principal/Dean of the TCM institution attesting to the applicant's character;
- r) Certified copy of highest education certificate, if different from TCM qualification;
- s) Certified copy of Registration Certificate if also registered in another medical or paramedical profession;
- t) Letter of offer of employment from prospective employer in Singapore (for foreigners studied in Singapore).

INSTRUCTIONS TO INSTITUTIONS EMPLOYING / SPONSORING APPLICANT

- 3 Fill in Section (VII) of the application form.
- 4 Submit a letter of undertaking signed by the appointed supervisor.
- 5 Forward all supporting documents listed above, together with the original application form and application fee to the TCM Practitioners Board on behalf of the applicant.

APPLICATION FEE

- 6 The application fee may be paid in cash or by cheque. For cheque payments, the cheque should be crossed and made payable to the "TCM Practitioners Board". The application fee is NON-REFUNDABLE.

对申请人的指引

- 1 填妥申请表格 (I) - (VI) 节, 其中第 (VI) 节必须由正式注册中医执业者、或地方法官、或法定监督官、或太平局绅填写。
- 2 申请人必须附上下列文件与申请表格原件一起呈交。以中文书写的文件必须附上正规经公证的英语翻译。
 - a) 两张不超过 6 个月前拍摄的“护照”型相片, 一张黏贴在申请表格原件上;
 - b) 居民证 / 外国人身份证 / 护照 等的副本;
 - c) 经公证的学历证件;
 - d) 由学历证件发出机构所发出鉴证信件原件;
 - e) 经公证的中医课程的考试成绩单;
 - f) 过去工作地点监督人或机构发出的证件, 注明申请者的工作职称、工作性质/经验、工作时间、工作表现、工作单位规模等;
 - g) 经公证的其他中医注册当局所发出的注册证书、最新的执业证书及职称证书;
 - h) 由执业国中医注册当局发出的良好品行证书原件, 证书必须涵盖申请者在申请前三年的品行, 以不超过发出日三个月的证书为准;
 - i) 经公证的其他医药专业注册证书, 如果同时也有注册其他医药或与医药有关的专业的话;
 - j) 经公证的国家或省政府颁发的有关中医药特别贡献或特别表现奖;
 - k) 有意雇佣申请人的新加坡雇主的有意雇佣信件;
 - l) 赞助机构/公司的信件, 注明申请理由及所需注册时间。

完成本地中医课程的申请者:

- m) 两张不超过 6 个月前拍摄的“护照”型相片, 一张黏贴在申请表格原件上;
- n) 居民证 / 外国人身份证 / 护照 等的副本;
- o) 经鉴证的学历证件;
- p) 经鉴证的中医课程的考试成绩单;
- q) 由中医院校校长/院长对申请人发出的品行证书原件;
- r) 经鉴证的最高学历证书 (如有别于中医学学历的话);
- s) 经鉴证的其他医药专业注册证书, 如果同时也有注册其他医药或与医药有关的专业的话;
- t) 有意雇佣申请人的新加坡雇主的有意雇佣信件(指在新加坡修读中医课程的外国人)。

对有意雇佣申请人的雇主 / 赞助机构的指引

- 3 填妥申请表格第 (VII) 节。
- 4 呈交由负责监督人签名的承诺信。
- 5 代申请人呈交申请表格原件及所有的支持证件到中医管理委员会。

申请费

- 6 申请费可用现金或支票交付。若以支票交付, 支票必须划线, 交付给“TCM Practitioners Board”。申请费概不退还。

12 Information on Spouse (where applicable) 婚姻伴侣资料 (如有伴侣的话)

Name 姓名 (中英文) _____

Nationality 国籍 _____

Name of Company and Address (if spouse is working in Singapore):

工作地点名称和地址 (如伴侣有在新加坡工作):

12a Is your spouse a TCM practitioner? 你的婚姻伴侣是否是中医执业者?

Yes, state NRIC/Foreign Identification No.

是, 写明居民证/外国人身份证号码 _____

No 不是

13 Residential Address in Singapore 新加坡住家地址

House/Block no. Level Unit

Street Name

Building Name

Postal Code Tel No.

Fax No. Handphone No.

Email Address

14 Highest Education Level 最高教育学历

O Level 初中

A level 高中

Polytechnic 大专

University 大学

Post-graduate 学士后学历

15 Are you trained in other medical or paramedical professions? 你是否有其他与医学有关的专业培训?

No 没有

Yes 有, state profession 注明专业

Doctor 医生

Dentist 牙医

Pharmacist 药剂师

Nurse 护士

CMM Dispensers 中药从业员

Others (specify) 其他 (注明) _____

16 If you are trained in other profession, specify. 如你有其他专业培训, 注明

III TCM QUALIFICATIONS OF APPLICANT 申请人的中医学历

17 TCM Qualifications (in chronological order) 中医学历 (按照先后次序填写)

TCM Qualification (in English / Chinese) (eg, Certificate in Acupuncture, Diploma in TCM, Bachelor Degree in TCM etc) 中医学历 (中英文名称)	TCM Qualification Issuing Institution (in English / Chinese) 中医学历颁发机构(中英文名 称)	Country of Issuing Institution 颁发机构所属 国家	Date TCM Qualification Obtained 中医学历颁发 日期	Duration of Course (months or years) 学历课程时 间(月或年)	Total Course Hours (if applicable) 学历课程总学 时

20 Preferred Mailing Address 选择的通信地址

NRIC Residential Address 居民证住家地址

Principal Practice Place 主要执业地点

V DECLARATION BY APPLICANT 申请人声明

21 Have you ever been or are you currently the subject of an inquiry or an investigation by any licensing or health authority in Singapore or elsewhere involving an allegation of professional misconduct or any improper conduct which brings disrepute to the TCM profession?

你是否曾经或现在正面对新加坡或外国的准证颁发机构或卫生法制机构的调查有关对你专业不当行为或不良行为的指责，且该指责可能影响中医的专业形象？

Yes 有 No 没有

22 Have you ever suffered or are you suffering from any physical or mental illness which impairs your fitness to practise as a TCM practitioner?

你是否曾经患上或现在患有身体上或精神上的疾病，使到你不适合从事中医执业？

Yes 有 No 没有

23 Have you ever been convicted in a court of law in Singapore or elsewhere of any offence?

你是否曾经在新加坡或国外的法庭有任何犯罪记录？

Yes 有 No 没有

If you have answered "yes" to any of questions 21 – 23, please provide further details in a separate document.

如你对上述 21—23 的任何问题的答案是“有”的话，请另外呈交有关详情。

I declare that the particulars stated in this application and the documents attached are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact.

我仅此声明在本申请所呈报的资料及所附上的文件，依本人所知和所相信，均属正确，我没有刻意隐瞒任何事实。

Signature of Applicant
申请人签名

Date
日期

VI CERTIFICATE OF IDENTITY

To be completed by a Registered TCM Practitioner (on full registration), Magistrate, or a Commissioner of Oath (CO) or a Justice of Peace (JP). 由正式注册中医执业者、或地方法官、或法定监誓官、或太平局绅呈报。

24 I hereby certify that (*name of applicant*) _____ is known to me personally, and is in fact the person who name appears in this application.

本人仅此证明我认识 (*申请者姓名*) _____, 他/她就是此申请书上的申请人。

Name/Designation of Signatory
证明者姓名/职衔

Seal of Office/Stamp
办公室盖章/印章

Signature
签名

Date
日期

VII DETAILS ON PROPOSED APPOINTMENT / EMPLOYMENT 有关有意聘用/雇佣详情

25 Proposed Appointment / Employment 有意聘用/雇佣的职位

26 Practice Activity 执业状况
 Full-time Practice 全职执业
 Part-time Practice 兼职执业

27 Period of Appointment / Employment 聘用/雇佣的时间

28 Name of Institution/Hospital/Department/Clinic (in English and Chinese)
 机构/医院/部门/诊所中英文名称

Name in English _____

中文名称 _____

29 Organisation Type 组织类别
 Educational Institution 教育机构 Restructured Hospital 重组医院
 Private Hospital 私人医院 Charitable/Welfare Clinic 慈善/福利诊所
 Private Clinic 私人诊所

30 For Private Clinic, the applicant is 如果是私人诊所，申请人是：

Employee 雇员
 Partner/Company Director 伙伴/公司董事
 Sole Owner 独资经营

31 Name of Supervisor / Designation 监督人姓名/职称

32 Practice Address 执业地址

House/Block no. Level Unit

Street Name

Building Name

Postal Code Tel No.

Fax No. Handphone No.

Email Address

33 After the period of appointment/employment, the applicant will 在聘用/雇佣期后，申请人将：

Return to own country 回去自己国家 Remain in Singapore 留在新加坡

 Name/Designation of Person-In-Charge
 负责人姓名/职称

 Signature
 签名

 Date
 日期

 Tel No./Email Address
 电话号码/电邮地址

