

**TCM PRACTITIONERS BOARD
CONTINUING PROFESSIONAL TCM EDUCATION (CPE)**

**CPE PROVIDER ACCREDITATION
APPLICATION FORM**

中医管理委员会
中医继续教育

CPE 举办机构认证申请表

CPE PROVIDER INFORMATION CPE 举办机构资料

Name of Organisation 申请机构/组织名称			
Type of Organisation 机构/组织类别		<input type="checkbox"/> Private TCM Organisation 私立中医药组织 <input type="checkbox"/> Private TCM clinic 私立中医诊所 <input type="checkbox"/> Voluntary TCM organization 志愿中医药组织 <input type="checkbox"/> Charitable TCM Clinic 慈善中医诊所 <input type="checkbox"/> TCM Educational Institution 中医药教育机构 <input type="checkbox"/> Private Hospital 私人医院 <input type="checkbox"/> Restructured Hospital 重组医院 <input type="checkbox"/> Polyclinics 综合治疗所 <input type="checkbox"/> Western Medical Clinic 西医诊所 <input type="checkbox"/> Others 其他 (To specify 请注明): _____	
Address 机构/组织地址:			
Year of establishment 机构/组织成立年份		Website 机构/组织网址	
Registered as 机构/组织所属注册类别 (to attach organization information and registration record) (请附上有关组织的资料讯息及注册记录)		<input type="checkbox"/> TCM clinic 中医诊所 <input type="checkbox"/> TCM association or society 中医药团体学会 <input type="checkbox"/> Hospital 医院 / Western medical clinic 西医诊所 <input type="checkbox"/> Company 商业公司 <input type="checkbox"/> Educational institution under MOE 教育部属下教育机构 <input type="checkbox"/> Private educational institution under the Council of Private Education 私立教育机构 <input type="checkbox"/> Others 其他 (to specify 请注明): _____	
Owned by 机构/组织拥有者			
CPE Account Holder 1 Name 第一联络人姓名: (中英文姓名)		CPE Account Holder 2 Name 第二联络人姓名: (中英文姓名)	
NRIC/FIN No. 居民身份证号码:		NRIC/FIN No. 居民身份证号码:	
Designation 职位:		Designation 职位:	
Gender 性别:		Gender 性别:	
Telephone No. 电话:		Telephone No. 电话:	
Fax No. 传真:		Fax No. 传真:	
Mobile No. 手机		Mobile No. 手机	
Email 电邮:		Email 电邮:	
Role 职务		Role 职务	

Type of CPE Event CPE 项目类型:

Check all that apply to your organization 选择所有适用于您的机构/组织的 CPE 项目类型

- Short-term Training/Structured Training 短期培训/规划培训
- Teaching Session 教学/讨论会
- Lecture 讲座
- Seminar 研讨会
- Conference 学术会议
- Workshop 工作坊
- Post-graduate course 学士后课程
- Others 其他 (to specify 请注明): _____

CPE Experience 中医继续教育经验:

Has your organisation ever organized/conducted TCM professional education event(s) for TCM practitioners? 您的机构/组织是否有为中医执业者举办中医专业教育项目的经验?

- No experience 没有经验
- Yes, less than 3 Years 有少过 3 年的经验
- Yes, between 3 to 5 years 有 3 到 5 年的经验
- Yes, between 6 to 10 years 有 6 到 10 年的经验
- Yes, 11 years and above 有 11 年以上的经验

Please submit list and details of TCM professional education events organized/conducted by your organization in the past.请提呈贵机构/组织在过去 5 年间所举办的中医专业/继续教育项目列单及详情。

Proposed Speakers/Lecturers/Trainers for CPE Events to be organized/conducted by organization 机构/组织计划邀请的 CPE 项目主讲者 / 讲师 / 培训人

- 1) Total number of existing qualified* Speakers/Instructors in your Institutions /organizations_____. 机构/组织内现有的符合条件*的主讲者/讲导师人数。
- 2) Please submit the CVs of Speakers/Instructors (in the attached format) and supporting certification on professional and teaching experience. 请提交主讲者/讲导师的履历表(格式详见附件)及专业和教学经验的证明。

* Please refer to the Requirements of Speakers / Instructors for CPE Events on page 4 of Guide on Voluntary Continuing Professional TCM Education Programme. 请参阅自愿性中医继续教育计划指南第 4 页内的 CPE 项目主讲者/讲导师的要求。

Please read the following requirements for Accredited CPE Provider and sign the declaration.

请阅读下对被认证的 CPE 举办机构的要求, 并签署声明:

- 1 CPE Administration CPE 行政工作
 - a) Accredited provider should assign an administrator to take charge of the necessary administrative responsibilities for CPE. 被认证的举办机构应该指定一位行政人员负责 CPE 行政工作。

- b) The Person will be responsible for the submission of event details and attendance record to TCMPB. 此人将负责提交项目详情和出席者记录给中医管理委员会。
- c) The person will become the point of contact with TCMPB. 此人将成为机构与中医管理委员会之间的联络人。

2 Submission of Event(s) 项目的提呈

Accredited Providers must submit their proposed events at least 2 month before the start of the event(s). Events can only be held after approval is granted. Application of accreditation of events must be submitted with information including topics, contents, name(s) of speaker(s), provider, event date and time etc.

受认证的举办结构必须在所计划举办项目的至少两个月前提呈认证申请，项目必须在得到批准后方可进行。所呈报的项目详情应包括课题、内容、主讲人、举办单位、项目日期和时间等。

3 Attendance Record 出席记录

- a) Attendance must be taken at each session of the event. The Provider must submit attendance record to TCMPB within one month of the event. The attendance record should include full name in English and Chinese, NRIC/FIN no., and signature of the participants, date and time of event, reporting time of participants etc.

每一项目的举办都必须有出席记录。举办结构必须在项目结束后一个月内提交出席记录给中医管理委员会。出席记录应包括参加者的中英文姓名、身份证号码、签名、报到的日期和时间等。

- b) Provider must keep attendance record of each event for at least 2 years.

举办机构必须妥善保存项目出席记录至少两年。

4 Requirements of the Events 项目的要求

- a) Events organized by Accredited Providers must have an objective that aligns with TCMPB's goal to raise the standards of the TCM profession. 受认证机构所举办的项目必须与中医管理委员会提升中医执业者专业水平的宗旨相符合。
- b) Events should be related to the relevant profession. 项目的内容应该与相关专业有关。
- c) Events must not involve any commercial activities or promotion of any products. 举办机构的姓名不能涉及商业活动及推销任何产品。

5 Minimum Hours of CPE Events CPE 项目的最低小时总数

Accredited Providers must organize/conduct a minimum of 30 hours of events within the 2-year of accreditation period, with at least 1 CPE event conducted in English / bilingual (English and Chinese). All Events must be open to all registered TCM practitioners only.

受认证机构必须在两年的认证期间举办不少于 30 小时总时数的 CPE 项目和至少 1 次以英语/双语（英语和华语）的项目，所举办的项目必须开放给所有注册中医执业者。

Declaration: We agree to observe and abide by the requirements stated above

声明： 我们同意并遵守上述要求。

Authorised Person's Name 授权人姓名

Designation 职位

Signature 签名

Date 日期

CURRICULUM VITAE OF CPE SPEAKER / INSTRUCTOR

CPE 主讲者/讲导师履历表

Name 姓名 (中英文)		Sex 性别		Date of Birth 出生日期					
Contact No. 联系电话		Nationality 国籍		Address 住址					
Email Address 电邮地址		Highest Education Level 最高学历		Professional Qualification 专业学历(中 医/西医等)					
Appointment Held 职称		Years of Practice 行医年限		Years of Teaching 教学年限					
Area of work/ practice 工作/行医领域									
TCM/Other Professional Qualifications (in chronological order)	专业 学历	Professional Qualification 专业学历	Professional Qualification Issuing Institution 专业学历颁发机构	Date Professional Qualification Obtained 专业学历颁发日期	Duration of Professional Qualification 专业学历课程时间				
TCM/Other Professional Experience (in chronological order)	专业 经验	Date 日期		Position Held 任职职称	Country 国家	Institution / Hospital / Clinic 任职机构/医院/诊所	Nature of Work (Full-time/ Part-time) 工作性质 (全职/兼职)	Duration of Position Held 任职时间	
		From 从	To 到						

Teaching Experience (in chronological order)	Date 日期	Position Held 任职职称	Country 国家	Institution/College/ University 任职机构/学院/大学	Nature of Work (Full-time/ Part-time) 工作性质 (全职/兼职)	Duration of Position Held 任职时间
教学 经验						
Declaration	声明	<p>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？</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide full details and attached supporting documents where applicable 请提供详情和支持证件)</p> <hr/>				
		<p>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？</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide full details and attached supporting documents where applicable 请提供详情和支持证件)</p> <hr/>				
<hr/> Signature 签名			<hr/> Date 日期			