

PERSONAL PARTICULARS OF SPEAKER / INSTRUCTOR FOR CPE EVENTS
CPE 项目主讲者/讲导师个人资料

Section A: Speaker's Personal Particulars 讲导师个人资料					
Name 姓名 (中英文)					
Gender 性别		Age 年龄			
Nationality 国籍					
Passport Number* 护照号码*		Country of Issue* 护照颁发国家*			
*Field is required for foreigners only 非新加坡公民需填					
Section B: Speaker's Qualification and Experience 讲导师学历与经验					
Years of Practice Experience 行医年限					
Years of Teaching Experience 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
Current TCM/Other Professional and Teaching Experience	目前任 职或 教书 的 职位	Start Date 开始日期	Position 任职职称	Country 国家	Institution / Hospital / Clinic 任职机构/医院/诊所

Section C: Declaration by Speaker 讲导师声明

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 TCM or other healthcare professions?

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或其他医疗行业的专业形象？

- No Yes (Please provide full details and attach supporting documents where applicable 请提供详情和支持证件)

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？

- No Yes (Please provide full details and attach supporting documents where applicable 请提供详情和支持证件)

Event Speaker's Signature 讲导师签名

Date 日期

Section D: Declaration by CPE Event Organiser 项目举办机构声明

We declare that we have verified and ensure that all particulars stated by the speaker above are true, and that the speaker is of good standing and character. To the best of my knowledge and belief, I have not withheld any material fact.

本机构仅此声明我们已查证确保以上讲导师所呈报的资料均正确属实，而且讲导师品行端正，医德良好，无不良记录。依本人所知和所相信，我没有隐瞒任何事实。

My organisation has verified that _____ has the relevant and necessary skills, knowledge and experience, and we support him/her to be the speaker for this event.

本机构证实以上讲导师持有相关及所需的技术，知识，工作经验和资历。身为项目举办机构，本机构支持他/她作为以下项目的讲导师。

Event Title

项目名称

Event Start/End Date

项目开始/结束日期

Event ID

(to be filled in by TCMPB)

On behalf of:

Accredited CPE Event Provider: _____

Event Organiser: _____

Name & Designation of Representative In-Charge

负责人姓名和职位

Signature of Representative In-Charge

负责人签名

Date

日期