

SUPPORTING DOCUMENT FOR APPLICATION OF CPE EVENT ACCREDITATION (CPE 项目认证申请的支持文件)

Event Provider 项目举办机构: _____

Event Code / ID 项目编号: _____

1 Title of Event 项目标题

2 Type of Event 项目类别

Specify your Event Type using the following list. Tick only one.

请选择所主办的项目类型，只能选择一项。

- Short-term/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): _____

3 Subject Area(s) 主题

- General Traditional Chinese Medicine 中医
- Chinese Medicinal Materials 中药
- Acupuncture 针灸
- TCM Tuina/Gusang 中医推拿/骨伤
- Others 其他 (to specify 请注明): _____

4 Event Dates 项目日期

Fill in the date/time in format as indicated. If the activity ends on the same day, please fill in the same date for the End date.

请参照括号内的正确格式填写日期/时间，如果活动的结束与开始日期一样，请填写同样的日期。

Start Date 开始日期: _____ (dd/mm/yyyy)

Start Time 开始时间: _____ (hh24:mi)

End Date 结束日期: _____ (dd/mm/yyyy)

End Time 结束时间: _____ (hh24:mi)

5 Total Event Duration 项目总时间

Please exclude any breaks in between sessions.

请除去项目中间的休息时间

_____ Hours 小时 _____ Sessions 时段

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6 Co- Sponsor(s), (if any) 项目赞助商 (如果有的话)

7 Event Venue 项目举办地点

8 Event URL 项目网址

9 Target Audience(s) 项目对象

Indicate your target audience(s) from the list below. Check all that apply
请从下列列单中选择, 可选择多项。

TCM Physician 中医师 Acupuncturist 针灸师

Others(to specify)其他请指明: _____

10 Is this event open to all registered TCM Practitioners?

是否开放给所有中医执业者

Yes No (please provide the reason(s) for not doing so
below 请提供理由)

11 Any prerequisites required for admission to your event?

参加此项项目是否有先决要求?

No Yes (please enclose the prerequisites required with this
application 请附上所需要的先决要求)

12 Name(s) of all Speakers/ Instructor(s) and state their designation/
institution/nationality/serial no. (if any), please also submit CV of
Speakers/Instructors (Format attached)

项目讲导师的姓名、职位、所属院校、国籍、编号(如有的话), 请呈交讲导师
履历表(格式详见附件)

13 Language of instruction to audiences 讲解语言

Chinese 华文

English 英文

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14 Synopsis of the Event 项目概要

15 What is the purpose and in what way the event will benefit TCM Practitioners in the continuing TCM education?

举办项目的目的和在中医继续教育中如何使中医执业者受益?

16 Non-commercial Declaration 无商业活动声明

I/We do not have any commercial interest with the co-organisers/sponsors that may pose a conflict of interest
我/我们与可能构成商业利益冲突的合作机构/赞助商之间没有任何商业利益。

17 Event Fees 项目收费

Submitted by:

Name 呈报人姓名

Signature 呈报人签名

Designation 呈报人职位

Date 日期