

TRADITIONAL CHINESE MEDICINE PRACTITIONERS BOARD 中医管理委员会

81 Kim Keat Road #09-00, Singapore 328836

Enquiries: 6355 2488 Fax: 6355 2489 E-mail: TCMPB@spb.gov.sg

APPLICATION TO ADD ADDITIONAL BASIC TCM QUALIFICATION

申请增添基本中医注册学历

INSTRUCTIONS 指示

Please note that only additional recognised basic qualifications (eg Local Diploma in TCM, recognised bachelor degree in TCM etc) acquired after your registration will be allowed to be registered and to be added to the Register. Masters and doctorate qualifications in TCM are currently not registered and therefore will not be accepted for adding to the Register.

只有在注册后获得的受承认的基本注册学历才能被接受并加入注册簿。中医硕士及博士学位目前没有被接受为注册学历，因此不能被接受加入注册簿。

Applications to add additional basic TCM qualification must be submitted **online** with the following supporting documents, with each document to be scanned individually in pdf format:

申请增添基本中医注册学历必须上网申请及附上下列支持文件的扫描本，每一文件必须个别以pdf形式扫描：

- (a) Original Bachelor Degree Certificate in TCM 学士学位证书原件;
- (b) Original Graduation Certificate in TCM 毕业证书原件;
- (c) Original Letter of Verification from the issuing authority of TCM qualification 学历证书颁发机构所发出证明信原件;
- (d) Certified true copy of Bachelor Degree Certificate 经鉴证/公证学位证书副本;
- (e) Certified true copy of Graduation Certificate 经鉴证/公证的毕业证书副本;
- (f) Certified authenticated English translation of TCM qualification certificates if the original certificate is not in English.
若学历证书不是以英语书写，请呈上经鉴证/公证的正规英语翻译。

An application fee of \$50 (per qualification) must be paid together with the application online. The application fee is not refundable.

申请费：每学历 \$50，必须在呈交申请时一起上网缴交。申请费概不退回。

Applicants will be required to present all original documents for verification during the processing of the application.

申请人将会被要求呈交所有文件原件以便确认。

The TCM Practitioners Board may also verify applicant's TCM qualification with the issuing institution when required, with cost to be borne by the applicant.

中医管理委员会也可能在必要时向学历颁发院校要求鉴证申请人所呈交的学历，鉴证费必须由申请人负责。

Attached bilingual form is for reference. 附上双语表格供参考。

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申请增添基本中医注册学历

Applicant's Name 申请人姓名(英文): _____

Applicant's Registration Number 申请人注册号码: _____

Awarding Country 颁发机构所属国家: _____

Awarding University / Institution 中医学学历颁发机构: _____

Qualification / Title Type 中医学学历/头衔类别: _____

Qualification / Title 中医学学历/头衔: _____

Abbreviation of Qualification/Title 中医学学历/头衔简称(英文): _____

Area of TCM Practice 中医执业方向/范围: _____

Programme Type 课程学制: _____

Course Duration 学历课程时间: _____ months 月

Course Start Date/ End Date: 学历课程开始/结束日期: _____

Year Obtained 中医学学历颁发年份: _____

Graduation Certificate Number (毕业证书编号): _____

Degree Certificate Number (学位证书编号): _____

Applicant's Signature 申请人签名

Date 日期

Please refer to Instructions for details on application requirements.

有关申请要求详情，请参阅指示。