

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: enquiries@tcmpb.gov.sg

PRACTISING CERTIFICATE RENEWAL / APPLICATION

执业准证更新 / 申请

INSTRUCTIONS 指示

Practising Certificate (PC) Renewal / Application must be submitted **online** with PC Fees.
执业准证更新/申请必须上网呈交, 及附上执业准证费。

Practising Certificate (PC) Fees 执业准证费:

TCM Physicians 中医师 \$275/- per year / 每年

Acupuncturists 针灸师 \$225/- per year / 每年

Practising Certificate Fees are **not refundable**.

执业准证费概不退还。

Late Payment Fees for PC Renewal 过期交付执业准证费的迟交费:

Fees for PC renewal must be made no later than 30 days before the expiration of the PC.
Fees paid later than 30 days before the expiration of PC is subject to later fees as follows:
更新执业准证费必须在准证到期前至少 30 天交付, 迟交者必须多交迟交费如下:

- | | |
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| (a) Where application is made less than 30 days before expiry of the PC 在准证到期前少过 30 天交付 | \$75 |
| (b) Where application is made after expiry of the PC 在准证到期后交付 | \$200 |

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

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PARTICULARS OF APPLICANT 申请人个人详情

Please reconfirm your personal particulars as follows 请确定下列个人详情:

| | |
|---|---|
| Applicant's Registration Number 申请人注册号码: <input type="text" value="T"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 1. | IDENTIFICATION TYPE: 身份证类型 <input type="checkbox"/> NRIC 居民证 <input type="checkbox"/> FIN 外国人身份证 <input type="checkbox"/> Passport 护照 |
| 2. | IDENTIFICATION NO. 身份证号码: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. | SALUTATION 称呼: <input type="checkbox"/> Dr 医生(西医或牙医) <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 小姐 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Mdm 女士 |
| 4. | FULL NAME AS SHOWN IN NRIC/FIN/PASSPORT (Please underline surname): 居民证/外国人身份证 / 护照上的英文姓名 (以大楷/正楷书写, 姓氏划线): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5. | NAME IN CHINESE CHARACTER (if applicable) 中文姓名: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6. | NATIONALITY 国籍: <input type="checkbox"/> Singaporean 新加坡公民 <input type="checkbox"/> Malaysian 马来西亚公民 <input type="checkbox"/> Others(Specify) 其他 (注明): _____ |
| 7. | MARITAL STATUS 婚姻现况: <input type="checkbox"/> Single 单身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Cohabitated 同居 <input type="checkbox"/> Separated 分居 <input type="checkbox"/> Divorced 离婚 <input type="checkbox"/> Widowed 寡居/鳏居 |
| 8. | RELIGION 宗教信仰: <input type="checkbox"/> Buddhism 佛教 <input type="checkbox"/> Christianity 基督教 <input type="checkbox"/> Free Thinker 无宗教信仰 <input type="checkbox"/> Hinduism 兴都教 <input type="checkbox"/> Islam 回教 <input type="checkbox"/> Sikhism 锡克教 <input type="checkbox"/> Others (Specify) 其他 (注明): _____ |
| 9. | YEAR OBTAINED CITIZENSHIP (if converted from other nationalities) 获得新加坡公民权年份 (若转换自其他国籍): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year 年 |
| 10. | OTHER NATIONALITY 其他国籍: _____ |

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|-----|--|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 11. | RESIDENTIAL STATUS (if non-Singapore Citizen) 居民身份 (若非新加坡公民): <input type="checkbox"/> Singapore Permanent Resident 新加坡永久居民 <input type="checkbox"/> Employment Pass 就业准证 <input type="checkbox"/> Work Permit 工作准证 <input type="checkbox"/> S Pass S 准证 <input type="checkbox"/> Dependent's Pass 家属准证 <input type="checkbox"/> Others (Specify) 其他(注明): _____ | | | | | | | | | | | | | | | | | | | | |
| 12. | YEAR PERMANENT RESIDENT OBTAINED (if available) 获得新加坡永久居留权年份(若有): <table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table> <p align="center">Year 年</p> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 13. | YEAR EMPLOYMENT PASS OBTAINED (if available) 获得就业准证年份(若有): <table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table> <p align="center">Year 年</p> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 14. | YEAR WORK PERMIT OBTAINED (if available) 获得工作准证年份(若有): <table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table> <p align="center">Year 年</p> | | | | | | | | | | | | | | | | | | | | |
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| 15. | PREFERRED EMAIL ADDRESS 首选电邮地址: _____ | | | | | | | | | | | | | | | | | | | | |
| 16. | ALTERNATE EMAIL ADDRESS 其他电邮地址: _____ | | | | | | | | | | | | | | | | | | | | |
| 17. | HOME TELEPHONE NO. 住家电话号码: +65 <table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 18. | OFFICE TELEPHONE NO. 办公室电话号码: +65 <table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 19. | MOBILE NO. 手机号码: +65 <table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 20. | RESIDENTIAL ADDRESS IN SINGAPORE (AS IN NRIC) 新加坡身份证上的地址 House / Block Number 门牌/座号 Level 楼层 Unit 单位 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height:20px;"></td> <td style="width:25%; text-align:center;">#</td> <td style="width:5%; text-align:center;">-</td> <td style="width:45%; height:20px;"></td> </tr> </table> <p>Street Name 街名</p> <table border="1" style="width:100%; height:40px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td> </tr> <tr> <td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td> </tr> </table> <p>Building Name 建筑物名称</p> <table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td> </tr> </table> <p>Postal Code 邮区</p> <table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td> </tr> </table> | | # | - | | | | | | | | | | | | | | | | | |
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| 26. | NATURE OF WORK 工作性质/范围: <input type="checkbox"/> Teaching / Research 教学/科研 <input type="checkbox"/> General TCM 中医全科 <input type="checkbox"/> Acupuncture 针灸 <input type="checkbox"/> TCM Gushang/Tuina 中医骨伤/推拿 <input type="checkbox"/> Others, specify 其他(注明): _____ | | | | | | | | | | | | | | | | | | | | |
| 27. | DEPARTMENT / DIVISION 部门: _____ | | | | | | | | | | | | | | | | | | | | |
| 28. | DATE JOINED 加入日期: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="width: 10px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="width: 10px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td align="center" colspan="2">Day 日</td> <td align="center" colspan="2">Month 月</td> <td align="center" colspan="6">Year 年</td> </tr> </table> | | | | | | | | | | | Day 日 | | Month 月 | | Year 年 | | | | | |
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| Day 日 | | Month 月 | | Year 年 | | | | | | | | | | | | | | | | | |
| 29. | DATE LEFT 离开日期: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="width: 10px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="width: 10px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td align="center" colspan="2">Day 日</td> <td align="center" colspan="2">Month 月</td> <td align="center" colspan="6">Year 年</td> </tr> </table> | | | | | | | | | | | Day 日 | | Month 月 | | Year 年 | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Day 日 | | Month 月 | | Year 年 | | | | | | | | | | | | | | | | | |
| PC RENEWAL/APPLICATION DETAILS 执业准证更新/申请详情 | | | | | | | | | | | | | | | | | | | | | |
| 30. | PC Type 执业准证类别: <input type="checkbox"/> 2 year PC (2年执业准证) <input type="checkbox"/> 1 year PC (1年执业准证) | | | | | | | | | | | | | | | | | | | | |
| 31. | Registry Type for Renewal 更新执业准证注册簿类别: <input type="checkbox"/> TCM Physician 中医师 <input type="checkbox"/> Acupuncturist 针灸师 | | | | | | | | | | | | | | | | | | | | |
| 32. | Send PC by 递送执业准证方法: <input type="checkbox"/> Normal Mail 普通邮寄 <input type="checkbox"/> Registered Mail 挂号邮寄 (\$10) <input type="checkbox"/> Self-Collection 自己领取 | | | | | | | | | | | | | | | | | | | | |
| DECLARATION 声明 Please answer all questions with tick ✓. If you have answered "yes" to any of the questions, please provide full details and attached supporting documents. 请以打勾方式 ✓ 回答所有的问题。如你对任何回答是“有”的话，请呈交详情及支持文件。 | | | | | | | | | | | | | | | | | | | | | |
| 33. | Have you ever been or are you currently the subject of an inquiry or an investigation by any licensing authority in Singapore or elsewhere involving an allegation of professional misconduct or any improper conduct which brings disrepute to the TCM profession? 你是否曾经或目前正面对新加坡或外国的任何准证颁发机构，针对有关不当专业行为或可能影响中医专业形象不良行为的指责而受到调查？ <input type="checkbox"/> No 没有 <input type="checkbox"/> Yes 有 If "Yes", please provide full details 若有，请提供详情 _____ _____ | | | | | | | | | | | | | | | | | | | | |
| 34. | 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？ <input type="checkbox"/> No 没有 <input type="checkbox"/> Yes 有 If "Yes", please provide full details 若有，请提供详情 _____ _____ | | | | | | | | | | | | | | | | | | | | |

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| | |
|-----|---|
| 35. | <p>Have you ever been convicted in Singapore or elsewhere of any offence? 你是否曾经在新加坡或国外的法庭因犯罪而受到处分?</p> <p><input type="checkbox"/> No 没有 <input type="checkbox"/> Yes 有</p> <p>If "Yes", please provide full details 若有, 请提供详情 _____ _____</p> |
| 36. | <p>Have you ever suffered from Hepatitis B? 你是否曾经受到 B 型肝炎的感染?</p> <p><input type="checkbox"/> No 没有 <input type="checkbox"/> Yes 有</p> <p>If "Yes", please provide full details 若有, 请提供详情 _____ _____</p> |
| 37. | <p><input type="checkbox"/> I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact. 我仅此声明在本申请书所呈报的资料及所附上文件均正确属实, 所提供的资料到呈报日为止没有改变。依本人所知和所相信, 我没有隐瞒任何事实。</p> <p><input type="checkbox"/> I acknowledge that the Traditional Chinese Medicine Practitioners Board reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Traditional Chinese Medicine Practitioners Board. I also understand and give my consent for the Traditional Chinese Medicine Practitioners Board to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise. 若我所呈交的上述信息或文件被发现不属实, 或在日后被发现不属实, 我承认中医管理委员会有权不发放/取消我的注册资格/或采取任何其他适当的行动。我也知道提供任何不属实的宣言、信息、文件或资料给中医管理委员会是犯法的。我明白也同意让中医管理委员会查询或索取任何信息或文件以核实我的行医资格。</p> <p><input type="checkbox"/> I also authorise the Traditional Chinese Medicine Practitioners Board to release the data provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations. 我也授权中医管理委员会发放我所提供的资料给卫生部及其他注册官认为在现有法令下必须呈报的其他机构, 以便他们执行公务。</p> |

Applicant's Signature 申请人签名

Date 日期