81 Kim Keat Road #09-00, Singapore 328836

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

执业准证费慨不退还。

### 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:

- (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
- (b) Where application is made after expiry of the PC \$200 在准证到期后交付

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

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# PRACTISING CERTIFICATE RENEWAL / APPLICATION 执业准证更新 / 申请

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:		
Ар	plicant's Registration Number 申请人注册号码:	
1.	IDENTIFICATION TYPE: 身份证类型	
	□ NRIC 居民证 □ FIN 外国人身份证 □ Passport 护照	
2.	IDENTIFICATION NO. 身份证号码:	
3.	SALUTATION 称呼:	
	□ Dr 医生(西医或牙医) □ Mr 先生 □ Ms 小姐 □ Miss 小姐 □ Mdm 女士	
4.	FULL NAME AS SHOWN IN NRIC/FIN/PASSPORT (Please <u>underline</u> 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 <u>划线</u> ):	
5.	NAME IN CHINESE CHARACTER (If applicable) 中文姓名:	
6.	NATIONALITY 国籍:	
	□ Singaporean 新加坡公民 □ Malaysian 马来西亚公民 □ Others(Specify) 其他 (注明): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
7		
7.	MARITAL STATUS 婚姻现况:	
	□ Single 单身 □ Married 已婚 □ Cohabitated 同居 □ Separated 分居 □ Divorced 离婚 □ Widowed 寡居/鳏居	
8.		
0.	RELIGION 宗教信仰:  Buddhism 佛教  Christianity 基督教  Free Thinker 无宗教信仰  Hinduism 兴都教	
	□ Islam 回教 □ Sikhism 锡克教 □ Others (Specify) 其他 (注明):	
9.		
3.	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):	
	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):
	□ Singapore Permanent Resident 新加坡永久居民 □ Employment Pass 就业准证
	□ Work Permit 工作准证 □ S Pass S 准证 □ Dependent's Pass 家属准证
	□ 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):
	Year 年
13.	YEAR EMPLOYMENT PASS OBTAINED (if available) 获得就业准证年份(若有):
	Year 年
14.	YEAR WORK PERMIT OBTAINED (if available) 获得工作准证年份(若有):
	Year 年
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
18.	OFFICE TELEPHONE NO. 办公室电话号码:
	+65
19.	MOBILE NO. 手机号码:
	+65
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
	Street Name 街名
	Building Name 建筑物名称
	Postal Code 邮区

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21.	OTHER ADDRESS IN SINGAPORE 其他新加坡地址
	House / Block Number 门牌/座号 Level 楼层 Unit 单位
	#
	Street Name 街名
	Building Name 建筑物名称
	Postal Code 邮区
22.	PREFERRED MAILING ADDRESS 首选通信地址
	Residential Address in Singapore (as in NRIC) 新加坡身份证地址 Other Address in Singapore 其他新加坡地址
	□ Principal Place of Practice Address 主要执业地点地址
	口 Fillicipal Flace Of Flacifice Address 主要执业地点地址
CUI	RRENT (SINGAPORE) EMPLOYMENT/PRACTICE DETAILS 目前在新加坡的中医执业详情
23.	ACTIVITY STATUS 执业现状:
	☐ Working Full-time in Singapore ☐ Working Part-time in Singapore ☐ Working in other fields in Singapore
	在新加坡全职工作/执业 在新加坡兼职工作/执业 在新加坡其他领域工作
	Working Full-time Overseas
	在外国全职工作/执业 在外国兼职工作/执业 在外国其他领域工作
	── Residing in Singapore, but not working ── Residing Overseas, but not working 在新加坡居住,没有工作      在外国居住,没有工作
	If "Working Part-time", please state the number of hours per week 若从事部分时间工作/执业,请写明每周工作时数:
	If "Not Working", please state the reason 若无工作/执业,请列出原因:
24.	APPOINTMENT 职位:
	ALLOHATMENT ΦΛΙΣ.
25.	NAME OF INSTITUTION / ORGANISATION 执业机构名称:
	House / Block Number 门牌/座号 Level 楼层 Unit 单位
	#
	Street Name 街名
	Building Name 建筑物名称
	Postal Code 邮区

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26.	NATURE OF WORK 工作性质/范围:
	□ Teaching / Research 教学/科研 □ General TCM 中医全科 □ Acupuncture 针灸
	□ TCM Gushang/Tuina 中医骨伤/推拿 □ Others, specify 其他(注明):
27.	DEPARTMENT / DIVISION 部门:
28.	DATE JOINED 加入日期:
	Day 日 Month 月 Year 年
29.	DATE LEFT 离开日期:
	│
	•
PC	RENEWAL/APPLICATION DETAILS 执业准证更新/申请详情
30.	PC Type 执业准证类别:
	□ 2 year PC (2 年执业准证) □ 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:
	□ TCM Physician 中医师 □ Acupuncturist 针灸师
32.	Send PC by 递送执业准证方法:
	□ Normal Mail 普通邮寄 □ Registered Mail 挂号邮寄 (\$10) □ Self-Collection 自己领取
DE	
	CLARATION 声明 se answer all questions with tick ✔. If you have answered "yes" to any of the questions, please provide full details and attached
supp	porting documents.
请以	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?
	L No 没有 L 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?
	L No 没有 L Yes 有
	If "Yes", please provide full details 若有,请提供详情

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35.	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?
	□ No 没有 □ Yes 有
	If "Yes", please provide full details 若有,请提供详情
36.	Have you ever suffered from Hepatitis B?
	你是否曾经受到 B 型肝炎的感染?
	L No 没有 L Yes 有
	If "Yes", please provide full details 若有,请提供详情
37.	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的文件均正确属实,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。
	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。
	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。
	Applicant's Signature 申请人签名 Date 日期