

## Application for Registration of TCM Practitioner

### Instructions to Applicant

#### A Submission of Application

- 1 Applicant who completed and obtained recognised basic TCM qualification in Singapore (including NTU Double Degree course) may apply for registration directly online.
- 2 Singaporean with recognised foreign basic TCM qualification obtained from overseas may apply for registration directly online.
- 3 Singapore Permanent Resident (PR) / Foreigner with recognised foreign basic TCM qualification from overseas and fulfils practice experience requirement may apply for registration online through local employer who has the intention to employ the applicant.

#### B Documents Required for Submission of Application

- 1 All supporting documents must each be scanned (in colour and in PDF format unless otherwise stated) and uploaded together with the online application. **Complete sets (including any cover page) of certified authenticated English translation documents are to be submitted online for all documents that are not in English language.**
- 2 Applicant will be required to present all **original** supporting documents for verification at a later date.
- 3 The following supporting documents must be submitted to the Board:
  - a) Passport-sized photograph (400x514 pixels in JPEG format), taken with full face on white background only. Photograph must be sharp and clear and taken not more than 3 months ago;
  - b) For Singaporean/PR: NRIC (front and back);  
For Foreigner: Employment/Student Pass (front and back); and  
Passport (main page with personal identification and page showing valid entry permit);
  - c) Hepatitis B Screening Medical Report (must be done in Singapore);  
**Note:**  
If you are tested HBsAg negative and not immune to Hepatitis B (anti-HBVs negative or < 10 mIU/mL), you must obtain immunization within one month from the date of screening. After obtaining your immunization, you are required to submit a post-vaccination Hepatitis B Medical Report that certifies your immunity towards Hepatitis B.
  - d) Basic TCM qualification certificates (e.g. Graduation Certificate, Bachelor Degree Certificate etc.);
  - e) Transcripts of examination results of basic TCM qualification;
  - f) Letter(s) of Verification on basic TCM qualification from the issuing institution (**original** will be retained by the Board);
  - g) Certificate of Good Standing signed by the Principal/Dean of the TCM educational institution (only for applicant who completed and obtained recognised basic TCM qualification in Singapore, or Singaporean with recognised foreign TCM qualifications obtained from overseas) (**original** will be retained by the Board);

**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

- h) Highest education certificate (other than TCM qualification) (only for applicant who completed and obtained recognised basic TCM qualification in Singapore, or Singaporean with recognised foreign TCM qualifications obtained from overseas);
- For GCE A-Level certificate holder:
    - ✓ GCE A-Level certificate with minimum 2 'A' level passes and 2 'AO' level passes
  - For Diploma holder (or equivalent):
    - ✓ At least a two-year full-time Diploma certificate from polytechnics in Singapore; and
    - ✓ GCE O-Level certificate with minimum 5 'O' level passes
  - For Degree holder:
    - ✓ Bachelor Degree certificate; or other Higher Degree certificate(s)
- i) If you are also registered with another medical or paramedical profession in Singapore:
- Registration Certificate (front and back);
  - Latest Practising Certificate (front and back)

4 In addition, applicant with practice experience must also submit the following documents:

Supporting documents on past work/practice experience:

- a) Service Testimonial(s) on work/practice experience issued by supervisor(s) or institution(s) (including information on place of employment, appointment grade, nature of work, period of employment, performance etc.);
- b) Background information of past and present employment organisation(s);
- c) No-Criminal-Offence Record (must be less than 3 months old from its date of issue);
- d) Certificate of Good Standing (CGS) from the TCM licensing authority in the country where the TCM practitioner has been practising during the last 3 years prior to application (CGS must be less than 3 months old from its date of issue) (**original** will be retained by the Board);
- e) Registration Certificate, latest Practising Certificate and Professional Appointment with other TCM licensing authority;
- f) Certificates of National or Provincial Awards on Outstanding Performance / Contribution in TCM (if available);

Supporting documents from the prospective employer in Singapore:

- g) Letter of Offer of Employment signed by the employer stating the purpose of the application and period of registration required (**original** will be retained by the Board);
- h) \*\* Letter of Confirmation on Supervision and List of TCM Practitioners Form from the employer (Annex B);
- i) \*\* Letter of Undertaking from the supervising TCM physician appointed by the employer (Annex C);
- j) \*\* Letters of Confirmation on Practice from at least 3 TCM Physicians nominated by the employer (Annex D)

*\*\* Prospective employer may request for a copy of Supervision Framework for TCM Practitioners on Conditional Registration and Forms (Annexes B, C, and D) from the Board for reference.*

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**The Board may require an applicant to submit any other documents for evaluation of his/her application. The Board may also verify applicant's TCM qualification with the issuing institution when required, with cost to be borne by the applicant.**

**C Application Fee**

The prescribed Application Fee must be paid together with the application online. The application fee is non-refundable.

Application Fee for TCM Physician registration     \$ 300/-

Application Fee for Acupuncturist registration     \$ 250/-

**PLEASE NOTE:**

**Application without complete supporting documents or application fee will not be processed.**

**Application must be submitted online. The attached bilingual form is for reference only.**

## 中医执业者注册申请 申请者指南

### A 递交申请

- 1 拥有在新加坡完成的受承认的基本中医学学历 (包括南大双学位课程) 的申请者可直接上网申请注册。
- 2 拥有受承认的外国基本中医学学历的新加坡公民申请者可直接上网申请注册。
- 3 拥有受承认的外国基本中医学学历及符合行医经验条件的新加坡永久居民或外国申请者, 必须通过有意雇佣该申请者的本地雇主上网申请注册。

### B 申请时必须提交的证件

- 1 所有支持证件必须个别扫描 (以彩色和 PDF 格式, 除非另外说明) 并在上网申请注册时一起上载。非英语的证件必须附上经认证/公证的全套 (附加封面) 英文翻译证件。
- 2 申请者将会在较迟日期被要求呈交所有支持证件的原件以便鉴定。
- 3 下列支持证件必须提交给管委会:
  - a) “护照”型相片 (以 400x514 像素点 和 JPEG 格式扫描), 照片必须是拍正面、白底、清晰, 而且不超过 3 个月前拍摄;
  - b) 新加坡公民与永久居民: 身份证 (正反面);  
非公民: 工作准证/学生证 (正反面); 及  
护照 (主页及显示有效居留日期的页面);
  - c) B 型肝炎医药检验报告 (必须在新加坡检验);  
**注意:**  
如果检验结果显示您是 HBsAg negative 并且对 B 型肝炎不具免疫力 (anti-HBVs negative or less than 10 mIU/mL), 您必须在筛查之后的一个月内接受疫苗接种。在完成疫苗接种之后, 您必须呈交证明对 B 型肝炎免疫的医药检验报告。
  - d) 基本中医学学历证书 (如: 毕业证书、学士学位证书等);
  - e) 基本中医学学历课程的考试成绩单;
  - f) 由颁发基本中医学学历的院校发出的学历鉴证信 (管委会会收取原件);
  - g) 由颁发基本中医学学历的院校校长/院长对申请人发出的良好品行证书 (只适于拥有在新加坡完成的受承认的基本中医学学历的申请者, 或受承认的外国基本中医学学历的新加坡公民申请者) (管委会会收取原件);

- h) 中医学除外的最高学历证书 (只适于拥有在新加坡完成的受承认的基本中医学学历的申请者, 或受承认的外国基本中医学学历的新加坡公民申请者);
- 剑桥 A 水准学历持有者:
    - ✓ 最少 2 科 'A' 水准及格及 2 科 'A O' 水准及格的剑桥 A 水准证书
  - 专科学历 (或同等高等学历教育) 持有者:
    - ✓ 新加坡的理工学院所颁发的最少 2 年全日制专科证书; 以及
    - ✓ 最少 5 科 'O' 水准及格的剑桥 O 水准证书
  - 学位学历持有者:
    - ✓ 本科学士学位证书; 或更高学位证书
- i) 如果您同时也在新加坡注册其他医药或与医药有关的专业:
- 其他医疗专业注册证书 (正反面);
  - 最新的执业准证 (正反面)

4 除了提交上述证件外, 拥有行医经验的申请者也必须提交下列证件:

过去工作/行医经验的支持证件:

- a) 过去工作单位监督人或机构发出有关工作执业的证件 (内容应包含工作地点名称、申请人工作职称、工作性质/经验、工作时间、工作表现等), 以机构信笺打印/盖章, 由监督人或机构代表签字;
- b) 过去和现在工作机构的规模和机构的背景资料;
- c) 无犯罪记录证件 (以少过发出日三个月的证书为准);
- d) 由原执业地中医注册当局发出的良好品行证书, 证书必须涵盖申请者在申请前三年的品行 (以少过发出日三个月的证书为准) (管委会会收取原件);
- e) 其他中医注册当局所发出的注册证书、最新的执业证书及职称证书;
- f) 国家或省政府颁发的有关中医药特别贡献或特别表现奖 (如有的话);

对有意雇用申请者的新加坡雇主的支持证件:

- g) 雇主签署的有意聘用书, 并注明申请理由及所需注册的时间 (管委会会收取原件);
- h) \*\*由雇主签署的监督确定书及中医执业者名单表格 (附件 B);
- i) \*\*由雇主委任的主管中医师签署承的担保证书 (附件 C);
- j) \*\*由雇主委任的最少 3 位中医师签署的执业确认书 (附件 D)

\*\* 有意雇用申请者的新加坡雇主可向管委会索取 1 分有条件注册中医执业者监管架构和表格 (附件 B, C, D) 共参考。

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中医管理委员会可能要求申请人呈交其他证件以便评估其申请。中医管理委员会也可能在必要时向颁发中医学学历的院校要求鉴证申请人的学历，鉴证费用由申请人负责。

**C 申请费**

申请费必须在呈交注册申请时一起上网缴交。申请费在缴交后概不退回。

中医师注册申请费 \$ 300/-

针灸师注册申请费 \$ 250/-

**请注意:**

凡未上载完整支持证件或未缴交申请费的申请将不给予处理。

注册申请必须上网呈交, 附上的双语表格供参考用。

此文件以英文本为准，中文翻译仅供参考。



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10.	GENDER 性别: <input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性								
11.	RACE 种族: <input type="checkbox"/> Chinese 华人 <input type="checkbox"/> Eurasian 欧亚混种人 <input type="checkbox"/> Indian 印度人 <input type="checkbox"/> Malay 马来人 <input type="checkbox"/> Others (Specify) 其他 (注明): _____								
12.	DATE OF BIRTH 出生日期: <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td> </td><td> </td></tr> </table> <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td> </td><td> </td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> Day 日      Month 月      Year 年								
13.	NATIONALITY 国籍: <input type="checkbox"/> Singaporean 新加坡公民 <input type="checkbox"/> Others(Specify) 其他 (注明): _____ <input type="checkbox"/> Malaysian 马来西亚公民								
14.	COUNTRY/PLACE OF BIRTH 出生国家/出生地: <input type="checkbox"/> Singapore 新加坡 <input type="checkbox"/> Malaysia 马来西亚 <input type="checkbox"/> Others (Specify) 其他 (注明): _____								
15.	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								
16.	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): _____								
17.	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): <table border="1" style="display: inline-table;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> Year 年								
18.	OTHER NATIONALITY 其他国籍: _____								
19.	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): _____								
20.	YEAR PERMANENT RESIDENT OBTAINED (if available) 获得新加坡永久居留权年份(若有): <table border="1" style="display: inline-table;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> Year 年								
21.	YEAR EMPLOYMENT PASS OBTAINED (if available) 获得就业准证年份(若有): <table border="1" style="display: inline-table;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> Year 年								
22.	YEAR WORK PERMIT OBTAINED (if available) 获得工作准证年份(若有): <table border="1" style="display: inline-table;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> Year 年								





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<b>30.</b>	<p><b>FOREIGN ADDRESS 外国地址</b></p> <p>Country 国家</p> <table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Address Line 1 地址</p> <table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Address Line 2</p> <table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Address Line 3</p> <table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Contact No. 联络号码</p> <table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																												
<b>31.</b>	<p><b>PREFERRED MAILING ADDRESS 首选通信地址</b></p> <p><input type="checkbox"/> Residential Address in Singapore (as in NRIC) 新加坡身份证地址</p> <p><input type="checkbox"/> Other Address in Singapore 其他新加坡地址</p> <p><input type="checkbox"/> Principal Place of Practice Address 主要执业地点地址</p> <p><input type="checkbox"/> Foreign Address 外国地址</p>																																																																																																																												
<b>32.</b>	<p><b>INFORMATION ON SPOUSE (if applicable) 配偶资料 (若有)</b></p>																																																																																																																												
a.	<p><b>FULL NAME AS SHOWN IN NRIC/PASSPORT (Please underline surname):</b>                  身份证/护照上的英文姓名 (以大楷/正楷书写,姓氏划线):</p> <table border="1" style="width:100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																												
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d.	<p><b>If spouse is working in Singapore 若配偶有在新加坡工作</b></p> <p>Company Name 公司名称</p> <table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>House / Block Number 门牌/座号                      Level 楼层                      Unit 单位</p> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:15%;"><table border="1" style="width:100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td style="width:15%; text-align: center;">#</td> <td style="width:15%;"><table border="1" style="width:100%; height: 20px;"><tr><td></td><td></td><td></td></tr></table></td> <td style="width:5%; text-align: center;">-</td> <td style="width:15%;"><table border="1" style="width:100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table></td> </tr> </table> <p>Street Name 街名</p> <table border="1" style="width:100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Building Name 建筑物名称</p> <table border="1" style="width:100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Postal Code 邮区</p> <table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<table border="1" style="width:100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						#	<table border="1" style="width:100%; height: 20px;"><tr><td></td><td></td><td></td></tr></table>				-	<table border="1" style="width:100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>																																																																																											
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k.	YEAR OBTAINED 获得学历年份: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> Year 年							
l.	TWINNING PROGRAMME 合办/联办课程: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是 If "Yes", please specify Twinning Partner 若是, 注明合办/联办伙伴机构名称: _____							
m.	Please complete the following section only if you DID NOT complete your basic qualification in the SAME University / Institution / Country. 你如果不是在同一间大学/院校/国家完成你的基本学历, 请提供详细资料:							
	Year 年	Country 国家	University / Institution 大学/院校	Start Date (DD/MM/YYYY) 开始日期 (日/月/年)	End Date (DD/MM/YYYY) 结束日期 (日/月/年)			
	1							
	2							
	3							
	4							
	5							
n.	Please specify the details for gap periods of more than 30 days 如果中间的间隔超过 30 天, 请提供详细资料:							
	Period 日期 (DD/MM/YYYY to DD/MM/YYYY) (日/月/年) 至 (日/月/年)	Details 详情						

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<b>35.</b>	<b>POSTGRADUATE / POST-REGISTRATION TCM QUALIFICATIONS OBTAINED 学士后/注册后中医学学历</b>							
	Country 国家	University/ Institution 大学/院校	Qualification Type 学历类型	Qualification 名称 学历名称	Abbreviation of Qualification 学历缩称 (英语)	Programme Type 学制	Specialty 专业 范围	Year Conferred 学历获得年份
						<input type="checkbox"/> Full-time 全日制 <input type="checkbox"/> Part-time 部分时间		
						<input type="checkbox"/> Full-time 全日制 <input type="checkbox"/> Part-time 部分时间		
					<input type="checkbox"/> Full-time 全日制 <input type="checkbox"/> Part-time 部分时间			
<b>36.</b>	<b>CLINICAL EXPERIENCE 临床经验</b>							
	Country 国家	University / Institution 大学/院校	Department 部门	Discipline 科别	Start Date (DD/MM/YYYY) 开始日期 (日/月/年)	End Date (DD/MM/YYYY) 结束日期 (日/月/年)	Total Clinical Practice Hours 总临床实习 学时	

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<b>37.</b>	<b>WORK PRACTICE EXPERIENCE 临床工作经验</b>							
	Date Joined (DD/MM/YYYY) 开始日期 (日/月/年)	Date Left (DD/MM/YYYY) 离开日期 (日/月/年)	Employer's Name 雇主名称	Country 国家	Institution / Organisation 机构名称	Depart ment 部门	Grade / Designation / Appointment 等级/职称/ 职位	Type 类型
								<input type="checkbox"/> Full-time 全职 <input type="checkbox"/> Part-time, hrs per week 兼职, 每周时数 _____
								<input type="checkbox"/> Full-time 全职 <input type="checkbox"/> Part-time, hrs per week 兼职, 每周时数 _____
								<input type="checkbox"/> Full-time 全职 <input type="checkbox"/> Part-time, hrs per week 兼职, 每周时数 _____

  

<b>38.</b>	<b>Please provide details for gap periods of more than 30 days in your work practice experience, if any. 如果你的临床工作之间有间隔超过 30 天, 请提供详细资料:</b>	
	Period (DD/MM/YYYY to DD/MM/YYYY) 日期 (日/月/年)至(日/月/年)	Details 详情

  

<b>39.</b>	<b>REGISTRATION / LICENSING DETAILS (obtained outside Singapore) 外国注册详情</b>							
	Country 国家	Council / Registration Authority 发证机关	Registration Type / Category 注册类型	Registration / Licensing No. 注册证书 编码	Registration Date (DD/MM/YYYY) 注册日期 (日/月/年)	Current PC No. 现有执业 证书编码	Current PC Start Date (DD/MM/YYYY) 现有执业 证书 签发日期 (日/月/年)	Current PC End Date (DD/MM/YYYY) 现有执业 证书 结束日期 (日/月/年)









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**DECLARATIONS 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。

44. 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进行调查？

No 没有  Yes 有

If "Yes", please provide full details 若有，请提供详情：

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45. 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？

No 没有  Yes 有

If "Yes", please provide full details 若有，请提供详情：

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46. 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：

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47. Have you ever suffered from Hepatitis B?

你是否曾经受到 B 型肝炎的感染？

No 没有  Yes 有

If "Yes", please provide full details 若有，请提供详情：

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(According to the Ministry of Health requirement, Hepatitis B carrier will not be accepted for registration. Please refer to information on "Hepatitis B Screening for TCM Practitioner" for details.)

(按照卫生部的要求，B 型肝炎带菌者将不被接受注册。详情请参阅“中医执业者 B 型肝炎检验”文件。)

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48.

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。

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.

若我所提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。

I agree to allow this application including all of the information contained, and declarations set out, in this application to be accessed by prospective employer.

我同意让与中医执业有关的潜在雇主读取这份申请表以及所有我所呈报的资料和声明。

Yes 同意

No 不同意

Applicant's Signature 申请人签名

Date 日期