

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

APPLICATION FOR RESTORATION 申请恢复注册

INSTRUCTIONS 指示

Applicant must submit Application for Restoration **online** with the application fee as provided under Section 23 of the Traditional Chinese Medicine Practitioners Act (Cap 333A) ("the Act") and Regulation 8 and Schedule of the Traditional Chinese Medicine Practitioners (Register and Practising Certificates) Regulations 2001.

根据中医执业者注册法令(Cap 333A)的第 23 条款及中医执业者（注册簿及执业证书）条例第 8 条款及收费表，申请恢复注册者上网呈交，申请时必须附上申请费。

Application Fee 申请费：

- a) Where name was removed under Section 19 (1) (d) of the Act \$200
(where the TCM practitioner has ceased to carry on the prescribed practice of traditional Chinese medicine for which he/she is registered)

申请人在中医执业者注册法令第 19(1)(d) 条款下被除名
(即申请人停止在所注册的中医领域从事中医执业)

- b) where the name was removed for any other reason \$400

申请人在其他情况下被除名

Attached bilingual form is for reference.

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11.	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								
12.	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): _____								
13.	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="margin-left: 20px;"> <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> <p align="center">Year 年</p>								
14.	OTHER NATIONALITY 其他国籍: _____								
15.	RESIDENTIAL STATUS (if non-Singapore Citizen) 非新加坡公民的居民身份: <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): _____								
16.	YEAR PERMANENT RESIDENT OBTAINED (if available) 获得新加坡永久居留权年份(若有): <table border="1" style="margin-left: 20px;"> <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> <p align="center">Year 年</p>								
17.	YEAR EMPLOYMENT PASS OBTAINED (if available) 获得就业准证年份(若有): <table border="1" style="margin-left: 20px;"> <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> <p align="center">Year 年</p>								
18.	YEAR WORK PERMIT OBTAINED (if available) 获得工作准证年份(若有): <table border="1" style="margin-left: 20px;"> <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> <p align="center">Year 年</p>								
19.	PREFERRED EMAIL ADDRESS 首选电邮地址: _____								
20.	ALTERNATE EMAIL ADDRESS 其他电邮地址: _____								
21.	HOME TELEPHONE NO. 住家电话号码: +65 <table border="1" style="display: inline-table; vertical-align: middle;"> <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> <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>								
22.	OFFICE TELEPHONE NO. 办公室电话号码: +65 <table border="1" style="display: inline-table; vertical-align: middle;"> <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> <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>								

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30.	NAME OF INSTITUTION / ORGANISATION 院校/机构名称: _____ _____														
31.	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): _____														
32.	DEPARTMENT / DIVISION 部门/单位: _____														
33.	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: 20px;"></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">Day 日</td> <td align="center">Month 月</td> <td></td> <td align="center">Year 年</td> <td></td> <td></td> <td></td> </tr> </table>								Day 日	Month 月		Year 年			
Day 日	Month 月		Year 年												
34.	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: 20px;"></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">Day 日</td> <td align="center">Month 月</td> <td></td> <td align="center">Year 年</td> <td></td> <td></td> <td></td> </tr> </table>								Day 日	Month 月		Year 年			
Day 日	Month 月		Year 年												
DECLARATIONS 声明															
35.	<p>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?</p> <p><input type="checkbox"/> Yes 有 <input type="checkbox"/> No 没有</p> <p>If "Yes", please provide full details 若有, 请提供详情:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>														

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36.	<p>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？</p> <p><input type="checkbox"/> Yes 有 <input type="checkbox"/> No 没有</p> <p>If "Yes", please provide full details 若有，请提供详情：</p> <hr/> <hr/> <hr/>
37.	<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"/> Yes 有 <input type="checkbox"/> No 没有</p> <p>If "Yes", please provide full details 若有，请提供详情：</p> <hr/> <hr/> <hr/>
38.	<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"/> Yes 有 <input type="checkbox"/> No 没有</p> <p>If "Yes", please provide full details 若有，请提供详情：</p> <hr/> <hr/>

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39	<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>
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Applicant's Signature 申请人签名

Date 日期