

Notes to Applicant for  
Registration as  
Chinese Medicine Practitioner  
with Limited Registration

Chinese Medicine Practitioners Board  
Chinese Medicine Council of Hong Kong

## ***Introduction***

Under section 83 of the Chinese Medicine Ordinance (Cap. 549 of the Laws of Hong Kong), where an educational or scientific research institution intends to engage a person –

- (i) who is not a registered Chinese medicine practitioner registered by the Chinese Medicine Practitioners Board (the Practitioners Board) of the Chinese Medicine Council of Hong Kong (the Council); or
- (ii) who has a qualification that qualifies him/her to apply to be registered but it is impracticable for him/her to obtain registration under section 69 of the Chinese Medicine Ordinance in the circumstances,

to perform predominantly clinical teaching or research in Chinese medicine for the institution, the institution may apply to the Practitioners Board on behalf of the person for limited registration of that person.

2. Applications for limited registration should be made by the institutions specified in the Government of the Hong Kong Special Administrative Region Gazette.

## ***Qualifications of the applicant***

3. The person on whose behalf application is made (the applicant) by institutions published by the Practitioners Board in the Gazette (the applying institution) must have satisfactorily completed such undergraduate degree course of training in Chinese medicine practice or its equivalent as is acceptable to the Practitioners Board, and possesses adequate and relevant full-time experience in Chinese medicine practice.

4. The applicant should submit objective evidence to support the relevant practising, clinical teaching or research experience. Where necessary, the Practitioners Board may arrange interview with the applicant so as to verify his/her experience.

### ***Assessment of the application for limited registration***

5. Under the Chinese Medicine Ordinance, the person with limited registration can only perform the specified clinical teaching or research in the institution. The applying institution should give details on the applicant's duties and responsibilities, as well as the clinical teaching or research to be performed by the applicant in the institution, including the research topic, the course, format and contents of teaching, etc.. The Practitioners Board will determine whether the work of the applicant in the institution belongs to clinical teaching or research according to the information submitted by the applying institution. Where necessary, the Practitioners Board may send officers to the applying institution to assess the relevant clinical teaching or research and the complementary facilities of the institution.

### ***Certificate of limited registration***

6. Where an application for limited registration is approved by the Practitioners Board, the Registrar will issue a certificate of limited registration to the applicant.

### ***Limits of limited registration***

7. Under section 86 of the Chinese Medicine Ordinance, the validity period of the limited registration approved by the Practitioners Board does not exceed one year. The person with limited registration can only perform the specified clinical teaching or research in Chinese medicine in the named employing institution subject to such conditions or restrictions, if any, as specified by the Practitioners Board.

### ***Unlawful use of title and practice of Chinese medicine***

8. Under section 108(4) of the Chinese Medicine Ordinance, any person with limited registration who wilfully or falsely pretends to be qualified to practise Chinese medicine, or wilfully or falsely takes or uses any name, title, addition or description implying that he/she is qualified to practise Chinese medicine, beyond the limits defined in the direction under sections 85 and 86 of the Chinese Medicine Ordinance relating to that registration, commits an offence and is liable to a fine at level 3 and to imprisonment for 6 months.

## **Procedures for applying for limited registration**

### ***How to apply***

9. If the applying institution wishes to apply for limited registration on behalf of the person to be employed, the institution should complete the application form attached, and submit it together with the following documents to the Secretariat of the Council by post or in person during office hours three months before the date of employment:

- (i) The duly completed application form;
- (ii) Three recent photos of the applicant with a size of 40 x 60 mm (i.e. photos should be taken within 6 months before the submission of application);
- (iii) A crossed cheque or bank draft for the prescribed application fee(HK\$960) made payable to “香港特別行政區政府”, “The Government of the Hong Kong Special Administrative Region” or “The Government of the HKSAR” with the names of the applying institution and the applicant written at the back. Once the application is processed, the application fee will not be refunded;
- (iv) Information and evidence on the clinical teaching or research programme;
- (v) Certified true copies of the applicant’s documentary proofs of academic qualifications;
- (vi) Certified true copies of the applicant’s documentary proofs of practice;
- (vii) Certified true copies of the documentary proofs of the clinical teaching or research in Chinese medicine performed by the applicant.

10. The Practitioners Board may require the applying institution and the applicant to submit other documentary proofs and the originals of the above-mentioned documents for verification.

### ***Application fee***

11. The application fee of limited registration is HK\$960.

***Documentary proofs of academic qualifications to be submitted by the Applicant***

12. The documentary proofs to be submitted by the applicant include diplomas, certificates, transcripts of studies in Chinese medicine and other documentary proofs required by the Practitioners Board.

***Documentary proofs of practice to be submitted by the applicant***

13. The documentary proofs of experience in Chinese medicine practice stated in the application form by the applicant may include:

- (i) proof of practice and period of practice issued by the employing institution;
- (ii) proof of work;
- (iii) proof of employment;
- (iv) practising certificate of other countries or regions;
- (v) other information as required by the Practitioners Board.

***Notify the applying institution of the result of the application***

14. The Secretariat will notify the applying institution of the result of the application in writing according to the decision of the Practitioners Board. Where the Practitioners Board refuses an application, the Secretariat will notify the applying institution of the refusal reason(s) and inform it of the rights and ways of appeal.

***Providing false evidence***

15. If any applicant provides false/misleading information, he/she will not be qualified for registration. Moreover, under section 107 of the Chinese Medicine Ordinance, any person who fraudulently procures or attempts to procure himself/herself or any other person to be registered as a Chinese medicine practitioner with limited registration, by making or producing, or causing to be made or produced, any false or fraudulent representations or declaration, either oral or in writing, commits an offence and is liable on conviction upon indictment to imprisonment for 3 years.

### ***Information of the applying institution and the applicant***

16. The information provided by the applying institution and the applicant is mainly for use within the Council for the purpose of facilitating the provisions of the Chinese Medicine Ordinance, it may also be disclosed to other Government bureau/departments, agencies or authorities for the purposes of implementing the Chinese Medicine Ordinance. The Public can have access to the registration information of the institutions which are qualified to make applications for limited registration or that of Chinese medicine practitioners with limited registration, including their names, addresses and qualifications, etc. published in the Government of the Hong Kong Special Administrative Region Gazette and the homepage of the Council. Apart from these, the other information will only be disclosed where the applying institution or the applicant has given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

17. The applying institution/the applicant can access and correct the information. However, a fee may be imposed for complying with a data access request. Should there be any amendment to the information of the institution, or personal particulars of the applicant or the registration information, the applying institution/the applicant should notify the Secretariat in writing as soon as possible.

## *Enquiry*

18. Enquiries on the limited registration can be directed to the Secretariat of the Chinese Medicine Council of Hong Kong.

### *Address*

22/F Wu Chung House  
213 Queen's Road East  
Wanchai  
Hong Kong

### *Telephone*

2121 1888

### *Office hours*

Monday to Friday : 9:00 a.m. to 5:30 p.m.  
Close on Saturday, Sunday and Public Holiday

Secretariat Chinese Medicine Council of Hong Kong  
January 2009

## **Guidance Notes on completing the application form for registration as Chinese medicine practitioner with limited registration**

*Please read the following notes carefully before completing the form.*

### **Important notes**

1. A crossed cheque or bank draft in the amount of HK\$960 for the application fee of limited registration should be enclosed with the application form. The cheque or bank draft should be made payable to “ 香港特別行政區政府 ” or “**The Government of the Hong Kong Special Administrative Region**” or “**The Government of the HKSAR**” with the names of the employing institution (the applying institution) and the Chinese medicine practitioner (the applicant) written at the back. Payment by cash will not be accepted.
2. The declarations in Part E must be filled in.

### **General notes**

3. Please complete the application form in black ink.
4. Unless otherwise specified, please complete the form in either Chinese or English and in block letters.
5. The application will not be considered if the applying institution or the applicant fails to provide all information as requested or it cannot be indicated that the applicant is qualified to apply.
6. The applying institution and the applicant are advised to make a photocopy of the completed application form for reference.
7. For correction of or access to the information of the institution or the personal particulars of the Chinese medicine practitioner after submission of the application form, please contact the Secretariat of the Chinese Medicine Council (Telephone number: 2121 1888).

8. If there is insufficient space, please use a separate sheet and indicate in the relevant part of the application form. The contact person of the institution/the applicant should write his/her name and sign on the sheet and attach it to the application form.
  
9. Please state the duration of employment of the Chinese medicine practitioner in the column of “Duration of Employment” and the duration of application in the column of “Duration of Application” (the application period should not exceed 1 year) in Section B.

Secretariat of the Chinese Medicine Council of Hong Kong  
July 2006

香港中醫藥管理委員會  
Chinese Medicine Council of Hong Kong

有限制註冊中醫申請(代表有關人士申請)  
Application on behalf of a person for  
Registration as Chinese medicine practitioner  
with limited registration

香港法例第 549 章  
《中醫藥條例》  
第 83 條

CHINESE MEDICINE ORDINANCE (Cap. 549)  
Section 83



B 部份 Section B	工作的詳情 (由機構填寫) Details of the employment (to be completed by the institution)	(只供內部填寫 official use only)
職位名稱 Post title	<hr/> (中文) <hr/> (English)	
工作性質 Job nature	<input type="checkbox"/> 臨床教學 Clinical teaching <input type="checkbox"/> 臨床研究 Clinical research	
臨床教學 / 研究項目的名稱 Title of the clinical teaching / research programme	<hr/> (中文) <hr/> (English)	
臨床教學 / 研究項目的內容 Content of the clinical teaching / research programme	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
請詳述職位的職責及工作範圍、性質。 Please give details on the duties and responsibilities of the post.	<hr/> <hr/> <hr/> <hr/>	
平均每週工作時數 Working hours per week	小時 (包括臨床教學/科研工作) 小時 hours including clinical teaching / research hours <hr/>	
進行臨床教學 / 研究的中英文地址 / 地點 Address / place where the clinical teaching / research is conducted (in both Chinese and English)	<hr/> (中文) <hr/> (English)	

如空位不敷填寫，請另頁詳列有關資料，並在申請表有關部份註明。申請機構的聯絡人須在該附頁上註明其姓名和簽署，然後將附頁釘夾在申請表內。

If there is insufficient space, please use a separate sheet and indicate in the relevant part of the application form. The contact person of the institution shall write his/her name and sign on the sheet and attach it to the application form.

<b>B 部份 (續)</b> Section B (Cont'd)	(只供內部填寫 official use only)
完成臨床教學 / 研究項目的總時間 Total time required for completion of the clinical teaching / research programme <hr/> <hr/>	
<b>聘用期</b> Duration of employment <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 至 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 日                      月                      年                      To    日                      月                      年 Date                      Month                      Year                      Date                      Month                      Year  <b>申請有限制註冊期</b> Duration of application <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 至 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 日                      月                      年                      To    日                      月                      年 Date                      Month                      Year                      Date                      Month                      Year	
<b>支持你聘用 C 部份所指的中醫師的原因</b> Reasons to support the employment of the Chinese medicine practitioner mentioned in Section C <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<b>臨床教學 / 研究項目的負責部門及負責人 / 聯絡人</b> Department and person responsible for the clinical teaching / research programme  <b>負責部門：</b> _____ (中文)  Department responsible for the programme: _____ (English)  <b>負責人/聯絡人：</b> _____ (中文)  Contact person responsible for the programme: _____ (English)	

如空位不敷填寫，請另頁詳列有關資料，並在申請表有關部份註明。申請機構的聯絡人須在該附頁上註明其姓名和簽署，然後將附頁釘夾在申請表內。

If there is insufficient space, please use a separate sheet and indicate in the relevant part of the application form. The contact person of the institution shall write his/her name and sign on the sheet and attach it to the application form.



D 部份 中醫師的中醫資歷及工作經驗 (由中醫師填寫) Section D Chinese medicine practitioner's relevant qualifications and experience (to be completed by the Chinese medicine practitioner)					(只供內部填寫 official use only)	
中醫學歷 Academic attainment in Chinese medicine						
學歷 (請夾附成績單及文憑 / 學位副本) Academic attainment (Please attach copies of transcripts and diplomas) 請提供所獲 / 將獲取的學歷詳情 (按考獲資格的日期順序列出) Please provide details of academic qualifications obtained / to be obtained (in chronological order)						
頒發機構 Awarding institution	學院所屬 國家 Institution's country	學歷 Academic qualifications	主修科目 Major subjects	日期 (日/月/年) Date (DD/MM/YY)		修讀模式 (例如:全日,兼讀) Mode of Attendance (e.g. full-time, part-time)
				由 From	至 To	

如空位不敷填寫，請另頁詳列有關資料，並在申請表有關部份註明。申請人須在該附頁上註明其姓名和簽署，然後將附頁釘夾在申請表內。

If there is insufficient space, please use a separate sheet and indicate in the relevant part of the application form. Applicant shall write his/her name and sign on the sheet and attach it to the application form.

D 部份 (續) Section D (Cont'd)				(只供內部填寫 official use only)	
中醫執業 / 其他相關的工作經驗 Experience in Chinese medicine practice and other relevant working experience					
請順序列出 Please list working experience in chronological order					
機構名稱及地址 Name and address of institution	相關的工作經驗 Relevant working experience	期間 (月 / 年) Period (MM/YY)		年期 Years	
		由 From	至 To		

如空位不敷填寫，請另頁詳列有關資料，並在申請表有關部份註明。申請人須在該附頁上註明其姓名和簽署，然後將附頁釘夾在申請表內。

If there is insufficient space, please use a separate sheet and indicate in the relevant part of the application form. Applicant shall write his/her name and sign on the sheet and attach it to the application form.

<p>E 部份 聲明 (由中醫師填寫) Section E Declaration (to be completed by the Chinese medicine practitioner)</p>	<p>(只供內部填寫 official use only)</p>
<p>注意：以下部份，必須全部完成。 Note: The following parts must be completed.</p> <p>1. 本人謹此聲明 *曾有 / 沒有 在香港或其他地方被裁定犯任何可處監禁的罪行。 I hereby declare that I * <b>have / have not</b> been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment.</p> <p>如經判定有罪，請列明該罪行的發生日期、地點、性質及判刑。 If convicted, please give details on the date, place, nature and sentence of the offence.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>2. 本人 *曾有 / 沒有 在香港或其他地方被裁定有專業上的失當行為。 I * <b>have / have not</b> been found guilty in Hong Kong or elsewhere of misconduct in a professional respect.</p> <p>如被裁定有專業上的失當行為，請列明該失當行為的發生日期、地點、性質及處分。 If yes, please give details on the date, place, nature and punishment of the record of misconduct.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

如空位不敷填寫，請另頁詳列有關資料，並在申請表有關部份註明。申請人須在該附頁上註明其姓名和簽署，然後將附頁釘夾在申請表內。

If there is insufficient space, please use a separate sheet and indicate in the relevant part of the application form. Applicant shall write his/her name and sign on the sheet and attach it to the application form.

(\*請刪去不適用者)

(\* Please delete as appropriate)

3. 本人謹此聲明，就本人所知及所信，此申請表的 C 至 E 部份所提供的資料皆屬真確事實的全部。

I hereby declare that all the foregoing information in Sections C to E of this application is FULL, COMPLETE and TRUE to the best of my knowledge and belief.

4. 本人授權香港中醫藥管理委員會中醫組按其認為合適的方式核實此申請表所提供的資料。

I authorize the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong to verify the foregoing information in any manner as it deems fit.

5. 本人明白根據《中醫藥條例》第 107 條的規定，任何人藉作出或交出，或藉導致作出或導致交出，口頭或書面的任何虛假或有欺詐成分的申述或聲明而欺詐地促致或企圖促致其本人或任何其他人士，獲得註冊為有限制註冊中醫，即屬犯罪，一經循公訴程序定罪，可處監禁 3 年。

I understand that according to Section 107 of the Chinese Medicine Ordinance, any person who fraudulently procures or attempts to procure himself or any other person to be registered as a registered Chinese medicine practitioner with limited registration, by making or producing, or causing to be made or produced, any false or fraudulent representations or declaration, either oral or in writing, commits an offence and is liable on conviction upon indictment to imprisonment for 3 years.

6. 本人明白所提交予香港中醫藥管理委員會中醫組的個人資料，將會用作執行《中醫藥條例》的條款。

I understand that my personal data given to the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong are for the purposes of facilitating the provisions of the Chinese Medicine Ordinance (Cap.549 Laws of Hong Kong.).

7. 本人明白所提交的個人資料，主要供香港中醫藥管理委員會內部使用，但亦可能因以上第 6 段所列目的，向其他政府部門、中介機構或行政管理機構披露；公眾人士可在憲報、有限制註冊註冊名冊及香港中醫藥管理委員會互聯網網頁內，查閱有限制註冊中醫的姓名、地址及資格。除此之外，其他個人資料祇會在本人同意，又或者《個人資料（私隱）條例》所容許下，向其他人士披露。

I understand that my personal data are mainly for use within the Chinese Medicine Council but they may also be disclosed to other Government branches / departments, agencies or authorities for the purposes mentioned in paragraph 6, if required. The public can access to the names, addresses and qualifications of registered Chinese medicine practitioners with limited registration published in the gazette or the Register of registered Chinese medicine practitioners with limited registration or the homepage of the Chinese Medicine Council of Hong Kong. Apart from this, my other personal particulars and information will only be disclosed to parties where I have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

<p>8. 本人明白根據《個人資料（私隱）條例》第 18 條及 22 條以及其附表 1 第 6 原則所述，本人有權查閱及修正個人資料，包括有權取得本人所提供的個人資料副本。但查閱資料時，可能要徵收費用。本人的個人資料如有任何更改，須儘快以書面通知香港中醫藥管理委員會秘書處。</p> <p>I understand that I have the right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. My right of access includes the right to obtain a copy of my personal data. A fee may be imposed for complying with a data access request. If there is any amendment to my personal data, I shall send it in writing to the Secretariat of the Chinese Medicine Council as soon as possible.</p>	
<div style="border: 1px solid black; width: 200px; height: 150px; margin: 0 auto; text-align: center; padding: 10px;"> <p>請在此貼上照片 Affix one recent photo here</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ 日期（日 / 月 / 年） Date (DD / MM / YY)</p> </div> <div style="text-align: center;"> <p>_____ 申請人簽署 Signature of Applicant</p> </div> </div>	

（由機構填寫）

(to be completed by the institution)

<p>A 至 B 部份所申報的各項資料均屬正確及詳盡。C 至 E 部份所申報的資料，據本機構所知所信，均屬正確及詳盡。</p> <p>The information given in Sections A to B is correct and complete. According to the knowledge and belief of this institution, the information given in Sections C to E is correct and complete.</p>	<p>(只供內部填寫 official use only)</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">獲授權人士姓名</td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">職位</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Name of Authorized Person</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Designation</td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 20px;">           獲授權人士簽署 Authorized signature _____         </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 20px;">           日期 Date _____         </td> </tr> </table>	獲授權人士姓名	職位	Name of Authorized Person	Designation	獲授權人士簽署 Authorized signature _____		日期 Date _____		
獲授權人士姓名	職位								
Name of Authorized Person	Designation								
獲授權人士簽署 Authorized signature _____									
日期 Date _____									
<p>_____ 機構蓋章 Stamp of Institution</p>									

請在（F 部）認收信上填寫聘用機構聯絡人姓名及地址。  
Please fill in the name of contact person and address of the institution  
in the acknowledgement letter (Section F).



由聘用機構填寫

有限制註冊中醫申請表認收信

姓名： \_\_\_\_\_

地址： \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Filled by the institution

Acknowledge letter of application on behalf of a person for  
registration as Chinese medicine practitioner  
with limited registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

只供內部填寫

\_\_\_\_\_ (聘用機構聯絡人)：

香港中醫藥管理委員會中醫組已收到你的有限制註冊中醫申請表。你的申請編號是\_\_\_\_\_。中醫組現正處理你的申請。如聘用機構或申請人的機構/個人資料有任何更改或你有任何查詢，請與香港中醫藥管理委員會秘書處聯絡。

聯絡電話及地址如下：

電話： 2121 1888

地址： 香港灣仔皇后大道東 213 號

胡忠大廈 22 樓

香港中醫藥管理委員會秘書處

聯絡時請註明你的有限制註冊中醫編號。

(Official use only)

Dear \_\_\_\_\_,

The Practitioners Board of the Chinese Medicine Council of Hong Kong acknowledges receipt of your application on behalf of a person for registration as Chinese medicine practitioner with limited registration. Your application number is\_\_\_\_\_. Your application is being processed. If there is any amendment on the details of your institution or personal particulars of the Chinese medicine practitioner, or you have any enquiry, please contact the Secretariat of the Chinese Medicine Council.

Enquiry No.: 2121 1888

Address: Chinese Medicine Council of Hong Kong  
22/F Wu Chung House,  
213 Queen's Road East,  
Wanchai, Hong Kong

Please quote your application no. for enquiry.