

**Guidance Notes for Application for a
“Certificate Verifying Registration as Registered Chinese Medicine Practitioner”**

1. Registered Chinese Medicine Practitioners (CMPs) may apply for a “Certificate Verifying Registration as Registered Chinese Medicine Practitioner” for the following purposes:
 - (i) as a proof of the accuracy of the information which is shown on the lost or damaged “Certificate of Registration for Chinese Medicine Practitioner”,
 - (ii) to show the name or alias of the Registered CMP which has been reported to the Immigration Department and the Chinese Medicine Practitioners Board,
 - (iii) as a confirmation of the applicant’s status as a Registered CMP to other institutions or bodies, or
 - (iv) any other uses.
2. The application must be made by the Registered CMP concerned. The applicant or his/her representative authorized in writing may submit the application to the Secretariat of the Chinese Medicine Council of Hong Kong in person or by post. For application submitted in person during office hours, payment of application fee by cash or crossed cheque or bank draft made payable to “The Government of the Hong Kong Special Administrative Region” or “The Government of the HKSAR” of application fee is allowed. For application submitted by post, only crossed cheque or bank draft is allowed. Please do not post cash.
3. The application fee for each copy of “Certificate Verifying Registration as Registered CMP” is HK\$280.
4. The address and office hours of the Secretariat are as follows:

Address : The Secretariat of the Chinese Medicine Council of Hong Kong
22/F., Wu Chung House, 213 Queen’s Road East, Wan Chai,
Hong Kong

Telephone : 2121 1888

Fax : 2121 1898

Office hours : 9:00 am – 5:30 pm Mondays to Fridays
Closed on Saturdays, Sundays and public holidays

Shroff Office hours : 9:00 am – 1:00 pm, 2:00pm – 5:00 pm Mondays to Fridays
Closed on Saturdays, Sundays and public holidays

The Secretariat of the Chinese Medicine Council of Hong Kong
January 2009

**Application Form for
“Certificate Verifying Registration as Registered Chinese Medicine Practitioner”**

To: The Secretariat of the Chinese Medicine Council of Hong Kong

Name of Applicant: _____ (Chinese) _____ (English)
(Name should be the same as the name printed on the Practising Certificate for Registered CMP)

Registration No.: _____ HKID No.: _____

No. of certified true copy (ies) applied: _____

Registration Address: _____

Correspondence Address: _____

To be filled in
by staff of the
Secretariat

Signature of Applicant: _____

Date: _____

Signature of Applicant/
Authorized Person
for Collection of
Certified True
copy(ies): _____

Date: _____