



香港中醫藥管理委員會

Chinese Medicine Council of Hong Kong

Continuing Education in Chinese Medicine (CME) for  
Registered Chinese Medicine Practitioners

Application Form  
for Accreditation of Individual CME Programme

Chinese Medicine Ordinance  
( Cap. 549)  
Section 82

(Applications for accreditation of individual CME programmes must be submitted by the programme provider to the Chinese Medicine Practitioners Board of Chinese Medicine Council of Hong Kong 3 months before the commencement of the CME programmes/courses. For applications submitted by post, the date of the post mark will be regarded as the submission date.)

Applicant may retain the  
*Guidance Notes on Completing the Application Form.*

January 2009

## **Guidance Notes on Completing the Application Form for Accreditation of Individual Programmes of Continuing Education in Chinese Medicine ('CME Programmes') for Registered Chinese Medicine Practitioners**

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

### *Requirements, procedures and arrangements of application for the accreditation of individual CME programmes*

1. Applications for the accreditation of individual CME programmes must be submitted by the institution organizing the programme, to the Chinese Medicine Practitioners Board of Chinese Medicine Council of Hong Kong ('the Council') 3 months before the commencement of the CME programme or course. Otherwise, the Practitioners Board may not be able to notify applicants the result of their applications before the commencement of the CME programme. The application procedures are as follows:
  - (i) The institution organizing a CME programme should submit its application for accreditation to the Chinese Medicine Practitioners Board.
    - ✧ To submit the application 3 months before the commencement of the CME programme to be assessed.
    - ✧ To submit the application forms ("CME-P-1" and "CME-P-2") with the required documentary proofs and information.
  - (ii) The Registration Committee under the Chinese Medicine Practitioners Board will consider the application.
    - ✧ The assessment mainly covers whether the content, scope, level, nature and target group of the CME programme; the background and resources of the applicant; and the qualifications of the instructors/speakers etc. meet the requirements prescribed by the Chinese Medicine Practitioners Board;
    - ✧ The assessment criteria regarding the number of CME points to be credited are the same as the criteria adopted for similar programmes organized by accredited CME Programme Providers;
    - ✧ The applicant institution may be requested to provide further information or clarify any information submitted; and
    - ✧ Site visits and inspections may be conducted as necessary for the Committee to obtain information on the actual delivery of the programme.
  - (iii) The Registration Committee will notify the applicant institution of the result of its application in writing.

- (iv) If the CME programme is recognized as an accredited CME programme, the Registration Committee will notify all accredited CME Administrators of the particulars of the programme. The organizer must, in accordance with the assessment result and instructions from the Registration Committee, issue proof of CME points to all registered Chinese medicine practitioners who have participated and completed the relevant CME programme, and forward to all CME Administrators accredited by the Chinese Medicine Practitioners Board, within 10 working days after the completion of the programme, a list of registered CMPs who have participated in the programme. The organizer must also keep the relevant records for future verification by accredited CME Administrators who record the CME points earned by registered CMPs concerned.
- (v) **Before the Registration Committee has accredited the CME programme and determined the number of CME points to be accorded to participants, no organizer may publicize or claim the CME programme as accredited, or indicate in any information/document relating to the programme (e.g. promotional materials) the number of CME points that may be accorded to participants.**

### General notes

2. Application forms and relevant documents may be submitted by post. Please mark "Application for accreditation of individual programme of CME for registered CMPs" on the envelope. To ensure timely delivery, applications may be submitted by registered post or delivered to the Secretariat by hand.
3. The applicant may apply for accreditation of more than one CME courses/programmes at the same time. Please complete a separate Programme Information Form (pages 19-24 of the Application Form) for each CME course/programme to be assessed.
4. The declaration in Section D **must** be completed.
5. Please complete the application form in **black ink**.
6. The applicant must ensure that all parts of the application form are completed and that the information provided is accurate.
7. Except where otherwise specified, please complete the application form in **English** and **in block letters**.
8. The application will not be considered if the applicant fails to provide all information as requested.
9. Applicants are advised to make a photocopy of the completed application forms for reference.
10. For correction of or access to the applicant's information after submitting the

application form, please contact the Secretariat of the Council (telephone number: 2121 1888).

11. Should there be insufficient space in the application form, please use separate sheets as needed and indicate such in the relevant part of the application form. Added sheets must be dated and signed by the person-in-charge of the applicant institution, who should also write his/her name and affix the seal of the institution on each sheet. Added sheets should be stapled to the inside pages of the application form.

### *Notes on completing individual items*

#### **Name of institution**

12. Please state the Chinese and English names of the applicant as shown on its Certificate of Incorporation, Certificate of Registration of a Society or Business Registration Certificate (must be completed).

#### **Address of institution**

13. Please state the country/region in which the institution is located, and provide the institution's address in both Chinese and English. This address will be used for contacting the applicant institution, and all notification letters will be sent to this address. The applicant should therefore notify the Secretariat of any change of address as soon as possible.
14. If the applicant institution chooses to receive correspondence from the Secretariat at a different address, please provide the address in both Chinese and English in the space for "correspondence address".

#### **Particulars of person-in-charge**

15. Please provide the Chinese and English names, position held, day-time contact telephone number, fax number and email address of the person-in-charge of the applicant institution.

#### **Particulars of contact person**

16. If the contact person is not the person-in-charge of the applicant institution, please provide the Chinese and English names, position held, daytime contact telephone number, fax number and email address of the contact person.

## Date of Establishment

17. Please state the date of establishment of the applicant institution.
18. Please complete this item according to the date of registration shown on the applicant's Certificate of Incorporation, Certificate of Registration of a Society or Business Registration Certificate. For example, for an applicant issued with a Business Registration Certificate on 1 January 1980 and the current Certificate remains valid until 31 December 2004, the dates should be given as follows:

From 

|   |   |
|---|---|
| 0 | 1 |
|---|---|

 / 

|   |   |
|---|---|
| 0 | 1 |
|---|---|

 / 

|   |   |   |   |
|---|---|---|---|
| 1 | 9 | 8 | 0 |
|---|---|---|---|

 to 

|   |   |
|---|---|
| 3 | 1 |
|---|---|

 / 

|   |   |
|---|---|
| 1 | 2 |
|---|---|

 / 

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 0 | 4 |
|---|---|---|---|

Date      Month                  Year                  Date      Month                  Year

19. Please attach photocopies of the institution's Certificate(s) of Incorporation, Certificate(s) of Registration of a Society or Business Registration Certificate(s) / Summary **since the date of establishment**. **Do not send the originals of the above documents.**
20. Please put a "✓" in the appropriate box to indicate the nature of business of the institution.

## List of courses/programmes to be accredited

21. Please list the names of the courses/programmes to be accredited.

### *Programme Information Form (CME-P-2)*

## Names of courses/programmes to be accredited

22. Please complete a separate Programme Information Form (pages 19-24 of the Application Form) for each CME course/programme to be accredited, and provide the relevant objective proofs for each course/programme, e.g. brochures with detailed information on the course/programme, handbooks, prospectus/enrolment brochures, enrolment forms, schedule of programmes, sample of certificates issued, etc. (The relevant documentary proofs should be attached to the respective Programme Information Form such that there is a complete set of documents for each programme/course. [Please refer to the instructions on the ordering of documents/copies in the *Guidance Notes*.]) The name of the applicant should appear on every Programme Information Form.
23. Please state the name of the CME course/programme to be accredited. The name must be identical to the name shown on the certificates issued for the course/programme and relevant documentary proofs.
24. Please state the address of the website containing the information of the course/programme.

## Particulars of person-in-charge of the course/programme

25. Please state the Chinese and English names, position held, daytime contact telephone number, fax number and email address of the person-in-charge of the course/programme.

## Particulars of the course/programme

26. Please state the date(s) of delivery of the course/programme, the number of hours devoted to CME subjects, format of the course/programme and the venue. In calculating the number of hours of CME study, only the time spent on CME subjects as prescribed by the Chinese Medicine Practitioners Board will be counted. The scope of CME studies covers the syllabus of the CMP Licensing Examination as well as related areas of study such as the integration of Chinese and Western medicine, modernization of Chinese medicine, the Chinese Medicine Ordinance and the Code of Practice for registered Chinese medicine practitioners. (For details, please visit the Council's website: [www.cmchk.org.hk](http://www.cmchk.org.hk).)

Example: The applicant plans to organize a course comprising 12 sessions from 2 May 2005 to 18 July 2005. Course contents will include biochemistry (2 hours), Chinese materia medica (4 hours), Chinese medicinal formulary (4 hours), Synopsis of the Golden Chamber (4 hours), diagnostics of Chinese medicine (4 hours), integration of Chinese and Western medicine (4 hours) and a written examination (2 hours). Each session lasts for 2-hour and is conducted weekly.

The dates of the course should then be

From 

|   |   |
|---|---|
| 0 | 2 |
|---|---|

|   |   |
|---|---|
| 0 | 5 |
|---|---|

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 0 | 5 |
|---|---|---|---|

 to 

|   |   |
|---|---|
| 1 | 8 |
|---|---|

|   |   |
|---|---|
| 0 | 7 |
|---|---|

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 0 | 5 |
|---|---|---|---|

  
Date      Month                      Year                      Date      Month                      Year

No. of hours of CME study 20 hour (s)  
*(excluding the time devoted to biochemistry and written examination)*

27. Please state the objectives, target groups and admission criteria of the course/ programme.
28. Please state the maximum number of participants for the course/ programme.
29. Please put a "✓" in the appropriate box(es) to indicate the content and subject areas of the course/programme (more than one entries are allowed).

## Academic and professional qualifications of instructors/speakers of the course/programme

30. The applicant should state the name, listing/registration number of listed/registered Chinese medicine practitioner (if applicable), and academic

and professional qualifications (including teaching and training experience) of each instructor/speaker. (If the applicant does not have information on the experience of an instructor/speaker, please state "No information".)

### **Mechanisms of monitoring and assessment of the course/programme**

31. The applicant should describe the arrangements and mechanisms for assessing, monitoring and ensuring the quality of the CME course/programme, including the mechanisms for monitoring the progress and quality of the course, assessing the performance of participants, monitoring and recording of participants' attendance, etc.

### **Requirements for Issuance of Proof of CME Points**

32. The organizer should issue a proof of CME points to each registered CMP who has participated and completed the programme. The proof should show the followings:

- ✧ name of the organizer
- ✧ name and code of the programme
- ✧ the name and registered number of the registered CMP
- ✧ end-date of the programme
- ✧ status of participation in the programme, e.g. "Completed the programme", "Passed the assessment", "Attended the programme", "Acting as speaker" or "Published report/ thesis" etc.
- ✧ CME points awarded
- ✧ the name, position held and signature of the person-in-charge of the programme
- ✧ the seal of the organizer
- ✧ the issue date of the proof

The applying institution is required to submit sample of the proof as mentioned above.

### **Requirements for Issuance of Certification**

33. Besides the issuance of proof of CME Points, please state whether certification will be issued to participants of the course/programme, and specify the type(s) of certification issued (e.g. graduation diploma, certificate of attendance, etc.). If the organizer would issue other certificate to the participants, sample of the certificate should also be submitted.
34. Please put a "✓" in the appropriate box(es) to indicate the requirements applicable to the course/programme for the issuance of certification.
35. Supplementary information/explanations about the course/programme may be added in the space for "Other information" as necessary.

36. Every Programme Information Form must be signed and dated by the authorized person of the applicant. The authorized person is also required to write his/her name and position held, and affix the seal of the applicant on each form.

### **Checklist of documentary proofs to be submitted by the applicant**

37. The applicant must submit copies of relevant documentary proofs with its application (please refer to the instructions on the ordering of documents/copies), and put a “✓” in the appropriate box. The applicant may submit as much information or evidence as possible to support its application.

### **Follow up actions after completion of the course/programme**

38. The organizer should send the name list of the registered CMPs who have participated in the programme to the administrators accredited by the Chinese Medicine Practitioners Board within 10 days after completion of the course/ programme. Relevant record should also be kept for verification when the administrators record the details of CME points for registered CMPs.
39. Besides, the organizer should submit the report and relevant information on CME to the Practitioners Board within 1 month after completion of the course/ programme. Both hardcopy and softcopy of the report should be submitted. The softcopy should adopt that of the sample attached with the approval letter of the programme, and submitted by email or post to the Practitioners Board. The original of the hardcopy should be submitted by post. The email address of the Practitioners Board is “[info@cmchk.org.hk](mailto:info@cmchk.org.hk)”.

### **Declaration**

40. **The authorized person of the applicant institution must sign and date the declaration.**
41. If any false/misleading information is provided, or any change to the content of the course/programme concerned is not reported immediately to the Chinese Medicine Practitioners Board for approval, the institution may be disqualified from applying and any approval already given by the Chinese Medicine Practitioners Board for the accreditation of individual CME programmes may be nullified. The Chinese Medicine Practitioners Board may vary the result of the application having regard to the changes in the content of CME programmes.
42. The applicant institution is responsible for monitoring and managing its CME programmes, and shall be responsible for all consequences resulting from changes of result of the application, the management and operation of the institution, as well as the content, organization and arrangement of its



programmes and related matters.

43. The Chinese Medicine Practitioners Board of the Council may verify the information provided in this application form in any manner as it deems fit.
44. No applicant may offer any advantage to any member of the Council and its committees and boards, or any staff of the Secretariat of the Council, in order to procure accreditation of any CME programme.

### ***Information on the institution and enquiries***

#### **Use of information on the institution**

45. The information provided by the applicant to the Chinese Medicine Practitioners Board will be used for the enforcement of the provisions of the Chinese Medicine Ordinance.

#### **Transfer of information on the institution**

46. The information provided by the applicant is mainly for use within the Chinese Medicine Council of Hong Kong but may also be disclosed to other Government bureaux/departments, agencies or authorities for the purpose mentioned in paragraph 45. Apart from the above, personal data will only be disclosed where the data subject has given consent to such disclosure or where such disclosure is permitted/required by the Personal Data (Privacy) Ordinance.

#### **Correction of information on the institution**

47. Applicants have the right of access and correction with respect to information submitted by the institution as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request. In the event of any change to the information submitted by the institution, it should notify the Secretariat in writing as soon as possible. Please mark "Application for accreditation of individual programme of CME for registered CMPs" on the envelope.

#### **Acknowledgement letter**

48. Upon receipt of the application, the Secretariat of the Council will issue an acknowledgement letter bearing the application number. If the applicant does not receive an acknowledgment letter two weeks after submission of the application form, please contact the Secretariat of the Council at 2121 1888. Please print the name of the person-in-charge and address of the applicant in the acknowledgement letter (Section E) to ensure that the letter can be sent to

the correct address. Only applications that have been acknowledged by the Secretariat will be processed.

### *Correspondence and enquiries*

49. All correspondences and applications should be sent to the Secretariat of the Chinese Medicine Council of Hong Kong. Please mark “Application for accreditation of individual programme of CME for registered CMPs” on the envelope. The address and contact information 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,  
Wanchai, Hong Kong

Fax No. : 2121 1898

Telephone No. : 2121 1888

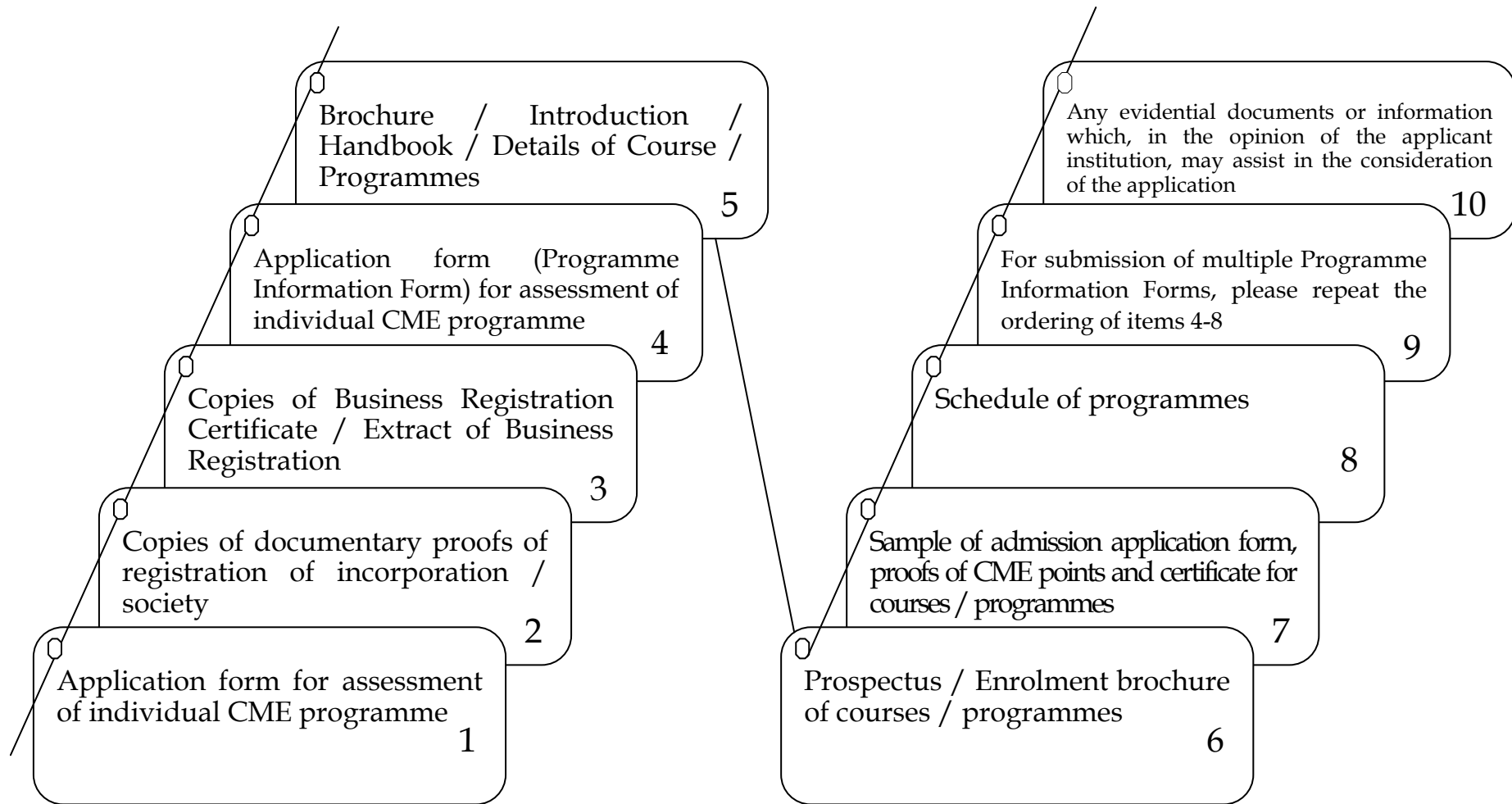
Website : [www.cmchk.org.hk](http://www.cmchk.org.hk)

E-mail address : [info@cmchk.org.hk](mailto:info@cmchk.org.hk)

Office hours : 9:00a.m. – 5:30p.m. (Mondays to Fridays)  
(Closed on Saturdays, Sundays and Public  
Holidays)

## Application form and supporting documents should be arranged in the following order.

II



- Note:**
- (1) Before submitting the application forms, please sort and arrange the relevant documents in the order as shown above and attach them to the application form with a string.
  - (2) All application forms and documentary proofs submitted will not be returned to the applicant. Please make a photocopy before submission for reference.
  - (3) To facilitate the processing of applications by the Chinese Medicine Practitioners Board, please ensure that the application forms submitted have been duly completed and that the relevant documentary proofs have been attached.

**Chinese Medicine Council of Hong Kong****Continuing Education in Chinese Medicine (CME)  
for Registered Chinese Medicine Practitioners****Application Form  
for Assessment of Individual CME Programmes  
Chinese Medicine Ordinance (Cap. 549)  
Section 82**

Please refer to the relevant paragraphs of the *Guidance Notes*, as indicated in the boxes on the left, when completing this application form.

**Section A Particulars of the Applicant Institution**

12

**Name of Institution** (Chinese)

---



---

(English)

---



---

13-14

**Country/region in which the institution is located**  Hong Kong  Others  
(Please specify):

---

**Address of the institution**

(Chinese)

---



---

(English)

---



---

**Correspondence Address** (if different from the address given above)

(Chinese)

---



---

(English)

---



---

15-16

**Particulars of Person-in-charge**

Name (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_

Position held \_\_\_\_\_

Day-time contact telephone no. 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Fax no. 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Email address \_\_\_\_\_

**Particulars of Contact Person (if different from the person-in-charge)**

Name (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_

Position held \_\_\_\_\_

Day-time contact telephone no. 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Fax no. 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Email address \_\_\_\_\_

17-20

**Date of Establishment**

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

  
Date Month Year

**Date of Incorporation/Registration of Institution/Society/Business** (Please provide copies of Certificate of Incorporation, Certificate of Registration of a Society or Business Registration Certificate)

From 

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 to 

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

  
Date Month Year Date Month Year

**Nature of the institution**

Industry Association       Chamber of Commerce       Professional Institute

University       Post Secondary College       Training Centre

Others  
(Please specify): \_\_\_\_\_

## Section B List of courses/programmes to be accredited

Please state the names of the courses /programmes to be accredited, complete a separate Programme Information Form for each CME course /programme, and provide the relevant objective proofs for each course/programme. [The relevant documentary proofs should be attached to the respective Programme Information Form (CME-P-2) such that there is a complete set of documents for each programme/course. [Please refer to the instructions on the ordering of documents/copies in the *Guidance Notes*.]]

|    | Names of courses / programmes to be accredited |
|----|--|
| 1  |  |
| 2  |  |
| 3  |  |
| 4  |  |
| 5  |  |
| 6  |  |
| 7  |  |
| 8  |  |
| 9  |  |
| 10 |  |

Should there be insufficient space in the application form, please provide details in a separate sheet and indicate such in the relevant part of the application form. Added sheets must be dated and signed by the authorized person of the applicant institution, who should also write his/her name and affix the seal of the institution on each sheet. Added sheets should be stapled to the inside pages of the application form.

**Section C Copies of documentary proofs submitted by the applicant institution with this application form (Please put a "✓" in the corresponding box.)**

- Documentary proof of registration / incorporation of applicant institution
- Documentary proof of applicant institution's registration as a society
- Business Registration Certificate / Summary of Business Registration of applicant institution
- Brochure / Introduction / Handbook / Details of courses / programmes
- Prospectus / enrolment brochure of courses / programmes
- Sample of admission application form for courses / programmes
- Schedule of programmes
- Sample of Proof of CME points / sample of certificate (if applicable)
- Programme Information Form  
[Information on courses/programmes to be accredited] \_\_\_\_\_ set(s)
- Others (Please specify):

---



---



---



---



---

- 11 Should there be insufficient space in the application form, please provide details in a separate sheet and indicate such in the relevant part of the application form. Added sheets must be dated and signed by the authorized person of the applicant institution, who should also write his/her name and affix the seal of the institution on each sheet. Added sheets should be stapled to the inside pages of the application form.

## Section D Declaration

I, authorized by \_\_\_\_\_ (Name of the applicant institution) (“the institution”), declare the following on behalf of the institution:

- (1) All the information provided in this application form (including all the supplementary documents and attachments) is TRUE, COMPLETE and CORRECT. In the event of any change to the relevant information, the institution will notify the Chinese Medicine Practitioners Board immediately.
- (2) The institution understands that the Chinese Medicine Practitioners Board may vary the assessment results in accordance with changes to the content and arrangement of the CME programmes.
- (3) The institution understands that if any information provided in this application is not true and correct, or any change to the content of the course/programme concerned is not reported immediately to the Chinese Medicine Practitioners Board, the institution may be disqualified from applying and any approval already given by the Chinese Medicine Practitioners Board for the accreditation of individual CME programmes may be nullified.
- (4) The institution understands that the applicant institution has the responsibility to monitor and manage its CME programmes, and shall be responsible for the management and operation of the institution; the content, organization and arrangement of its programmes and related matters; and all consequences resulting from changes of assessment results as described in paragraphs (2) and (3) above.
- (5) The institution authorizes the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong to verify the information in this application form in any manner as it deems fit.
- (6) The institution understands that no applicant may offer any advantage to any member of the Chinese Medicine Council of Hong Kong and its committees and boards, or any staff of the Secretariat of the Council, in order to procure accreditation of any CME programme.
- (7) The institution understands that the information provided in this application will be used for the enforcement of the provisions of the Chinese Medicine Ordinance.
- (8) The institution understands that the information provided in this application is mainly for use within the Chinese Medicine Council of Hong Kong but may also be disclosed to other Government bureaux/departments, agencies or authorities for the purpose mentioned in paragraph (7). Apart from the above, personal data will only be disclosed where the data subject has given consent to such disclosure or where such disclosure is permitted/required by the Personal Data (Privacy) Ordinance.

Name of Authorized Person (Chinese) \_\_\_\_\_

(English) \_\_\_\_\_

Position Held \_\_\_\_\_

\_\_\_\_\_  
(Authorized Person's Signature)

\_\_\_\_\_  
(Seal of Applicant Institution)

\_\_\_\_\_  
(Date) (D/M/Y)

Please write the name of the person-in-charge and the address of the institution in the acknowledgement letter (Section E).



**Please write the name of the person-in-charge and the address of the institution in the acknowledgement letter (Section E).**



**Section E Acknowledgement Letter**To be completed by the applicant

Acknowledgement of Receipt  
of application for accreditation of  
individual CME programme  
for registered Chinese medicine practitioners

Name of institution :

\_\_\_\_\_

\_\_\_\_\_

(Attention : \_\_\_\_\_)

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

\_\_\_\_\_

\_\_\_\_\_

Official use only

Dear \_\_\_\_\_(Person-in-charge  
of the applicant institution),

The Chinese Medicine Practitioners Board  
of the Chinese Medicine Council of Hong  
Kong acknowledges receipt of your  
institution's application for accreditation  
of individual CME programme and  
programme information form(s). Your  
application number is \_\_\_\_\_.

The Chinese Medicine Practitioners Board  
is processing your application. If there is  
any change to the institution's  
information or if you have any enquiries,  
please contact the Secretariat of the  
Chinese Medicine Council of Hong Kong.

Enquiry Telephone No. : 2121 1888

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

**Please complete a separate Programme Information Form  
for each course / programme to be accredited.**



Application Form for Accreditation of Individual CME Programmes  
(Programme Information Form)

Please refer to the relevant paragraphs of the *Guidance Notes*, as indicated in the boxes on the left, when completing this application form.

22

**Name of Applicant  
Institution:** \_\_\_\_\_**Information on the course / programme to be accredited**

(The applicant is required to provide objective proofs of the information provided in this section, such as brochures containing details of the CME course/programme, handbook, prospectus/enrolment brochure, admission application form, schedule of programmes, sample of certificates issued, etc.)

23-24

**Name of Course / Programme**  
\_\_\_\_\_  
\_\_\_\_\_**Website containing information on the above course / programme**  
\_\_\_\_\_  
\_\_\_\_\_

25

**Particulars of Person-in-charge of Course / Programme**

Name (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_

Position held \_\_\_\_\_

Day-time contact telephone no. 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Fax no. 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Email address \_\_\_\_\_

26

**Scheduled Date of Course / Programme**From 

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 to 

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

  
Date Month Year Date Month Year**No. of hours of CME study:** \_\_\_\_\_ hour (s)**Format of Course / Programme**  Classroom instruction  Seminar / Conference  Correspondence course Praticum  Internet-based study Others (Please specify): \_\_\_\_\_

Location where the course / programme will be conducted \_\_\_\_\_

27

Objectives and Target Groups of the Course / Programme

---

---

---

---

---

Admission Criteria

---

---

---

---

28

Maximum No. of Participants \_\_\_\_\_

29

CME subject(s) covered in the course/programme ( multiple entries are allowed )

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Hong Kong Healthcare System and Regulatory System of Chinese Medicine | <input type="checkbox"/> Modern Basic Medical Science                              | <input type="checkbox"/> History of Chinese Medicine and Various Theories of Chinese Medicine |
| <input type="checkbox"/> Ancient Chinese Medical Proses  | <input type="checkbox"/> Fundamental Theories of Chinese Medicine                  | <input type="checkbox"/> Diagnostics of Chinese Medicine                                      |
| <input type="checkbox"/> Chinese Materia Medica  | <input type="checkbox"/> Medical Prescriptions in Chinese Medicine                 | <input type="checkbox"/> Canon of Chinese Medicine  |
| <input type="checkbox"/> Treatise on Exogenous Febrile Diseases                                | <input type="checkbox"/> Synopsis of the Golden Chamber                            | <input type="checkbox"/> Seasonal Febrile Diseases  |
| <input type="checkbox"/> Internal Medicine of Chinese Medicine                                 | <input type="checkbox"/> External Medicine of Chinese Medicine                     | <input type="checkbox"/> Gynaecology of Chinese Medicine                                      |
| <input type="checkbox"/> Paediatrics of Chinese Medicine                                       | <input type="checkbox"/> Ophthalmology and Otorhinolaryngology of Chinese Medicine | <input type="checkbox"/> Orthopaedics and Traumatology of Chinese Medicine                    |
| <input type="checkbox"/> Acupuncture and Moxibustion of Chinese Medicine                       | <input type="checkbox"/> Health Maintenance and Preservation of Chinese Medicine   | <input type="checkbox"/> Integration of Chinese-Western Medicine                              |
| <input type="checkbox"/> Modernization of Chinese Medicine                                     | <input type="checkbox"/> Chinese Medicine Ordinance                                | <input type="checkbox"/> Code of Practice for Registered Chinese Medicine Practitioners       |
| <input type="checkbox"/> Others (Please specify) : _____                                       |  |   |

11

Should there be insufficient space in the application form, please provide details in a separate sheet and indicate such in the relevant part of the application form. Added sheets must be dated and signed by the authorized person of the applicant institution, who should also write his/her name and affix the seal of the institution on each sheet. Added sheets should be stapled to the inside pages of the application form.

**Names and qualifications of instructors / speakers**

| Name | Listing /<br>Registration No. as<br>Listed / Registered<br>Chinese Medicine<br>Practitioner<br>(if applicable) | Academic and professional qualifications<br>(including teaching and<br>training experience) |
|------|--|---|
|      |  |   |
|      |  |   |
|      |  |   |
|      |  |   |
|      |  |   |
|      |  |   |
|      |  |   |
|      |  |   |
|      |  |   |

Should there be insufficient space in the application form, please provide details in a separate sheet and indicate such in the relevant part of the application form. Added sheets must be dated and signed by the authorized person of the applicant institution, who should also write his/her name and affix the seal of the institution on each sheet. Added sheets should be stapled to the inside pages of the application form.



37

**Other Information**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

40

Name of  
Authorized  
Person

---

Position  
Held

---

---

(Authorized Person's Signature)

---

(Seal of Applicant Institution)

---

(Date) (D/M/Y)

11

Should there be insufficient space in the application form, please provide details in a separate sheet and indicate such in the relevant part of the application form. Added sheets must be dated and signed by the authorized person of the applicant institution, who should also write his/her name and affix the seal of the institution on each sheet. Added sheets should be stapled to the inside pages of the application form.