

Continuing Education in Chinese Medicine (CME)
Change of Particulars of Accredited Institution

Fill in the changed information only.

(1) Name of Accredited Institution

Name of Accredited Institution (Chinese) : _____

Name of Accredited Institution (English) : _____

Code of Accredited Institution : _____

(If there is any change of the name of accredited institution, please write to the Chinese Medicine Practitioners Board and provide copies of Business Registration Certificate, Certificate of Incorporation or Certificate of Registration of a Society as soon as possible.)

(2) Contact Information of Accredited Institution

Office Address (Chinese) : _____

Office Address (English) : _____

Tel. No. : _____ Fax No. : _____

Website : _____ Email Address : _____

(3) Particulars of Person-in-charge :

Name (Chinese) : _____ * Chinese Medicine Practitioner/
Mr/Miss/Ms (others, please specify)

Name (English) : _____ * Chinese Medicine Practitioner/
Mr/Miss/Ms (others, please specify)

Position held : _____

Contact Tel. No. : _____

Fax No. : _____

Email Address : _____

(4) Particulars of Contact Person :

Name (Chinese) : _____ * Chinese Medicine Practitioner/
Mr/Miss/Ms (others, please specify)

Name (English) : _____ * Chinese Medicine Practitioner/
Mr/Miss/Ms (others, please specify)

Position held : _____

Correspondence Address (Chinese) : _____

Correspondence Address (English) : _____

Contact Tel. No. : _____

Fax No. : _____

Email Address : _____

Person-in-charge's Signature : _____

Date : _____

(Seal/ Official Chop of Institution)

* Delete as inappropriate