

**P**申請編號  
Application No.

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

中醫執業證明書申請表  
Application Form for Practising Certificate

香港法例第 549 章  
《中醫藥條例》  
第 68 及 76 條

Chinese Medicine Ordinance (Cap. 549)  
Sections 68 & 76

甲部 Section A	申請人個人資料 Personal Particulars of Applicant	(只供內部填寫 Official use only)																																		
<p>中文姓名 (Name in Chinese)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; height: 20px;"></td> <td style="width: 70%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">姓氏</td> <td style="text-align: center;">名字</td> </tr> </table> <p>別名 (alias)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; height: 20px;"></td> <td style="width: 70%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">姓氏</td> <td style="text-align: center;">名字</td> </tr> </table> <p>(註：別名必須已載於註冊證明書，並請附上註冊證明書副本。)</p> <p>Name in English (英文姓名)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; height: 20px;"></td> <td style="width: 70%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Surname</td> <td style="text-align: center;">Other name(s)</td> </tr> </table> <p>Alias (別名)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; height: 20px;"></td> <td style="width: 70%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Surname</td> <td style="text-align: center;">Other name(s)</td> </tr> </table> <p>(Note : The alias must have been shown on the Registration Certificate, a copy of which should be attached.)</p> <p>香港身份證號碼 Hong Kong Identity Card No.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> </tr> </table> <p>註冊編號 Registration No.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> </tr> </table>				姓氏	名字			姓氏	名字			Surname	Other name(s)			Surname	Other name(s)																			
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**乙部**                    **聲明**  
**Section B**                **Declaration**

注意：以下部分，必須全部填妥。

Note: All parts below must be completed.

1. 本人謹此聲明，就本人所知及所信，此申請表所提供的資料皆屬真確事實的全部。  
I hereby declare that all the foregoing information in this application is FULL, COMPLETE and TRUE to the best of my knowledge and belief.
2. 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及向有關組織或人士索取有關資料。  
I hereby authorize the Chinese Medicine Practitioners Board of the Chinese Medicine Council to verify the foregoing information in any manner as it deems fit and obtain relevant information from relevant organizations or persons.
3. 本人明白不能向任何香港中醫藥管理委員會，其組及小組的成員或委員會秘書處任何職員提供利益，以獲得註冊為註冊中醫。  
I understand that I must not offer any advantage to any member of the Chinese Medicine Council and its boards and committees, or any staff of the Secretariat of the Council in order to procure myself to be registered as a registered Chinese medicine practitioner.
4. 本人明白所提交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 are for the purposes of facilitating the provisions of the Chinese Medicine Ordinance (Cap. 549 Laws of Hong Kong).
5. 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4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及核實有關資料；公眾人士可在憲報上刊登的註冊名單及香港中醫藥管理委員會互聯網網頁內查閱註冊中醫的姓名及地址。除此之外，其他個人資料只會在本人同意，或在《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 of Hong Kong but they may also be disclosed to or verified by other Government bureaux/departments, agencies or authorities for the purposes mentioned in paragraph (4), if required. Names and addresses of registered Chinese medicine practitioners will be published in the list of registered Chinese medicine practitioners in the Gazette and the website of the Chinese Medicine Council of Hong Kong for public access. Apart from the above, 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 permitted by the Personal Data (Privacy) Ordinance.
6. 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，可能要繳交費用。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。  
I understand that I have the right of access and correction with respect to my 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 which I have supplied. A fee may be imposed for complying with a data access request. If there is any amendment to my personal data, I shall notify the Secretariat of the Chinese Medicine Council of Hong Kong in writing as soon as possible.

7. 本人謹此聲明，

a) 本人 <sup>#</sup>曾經 / 從未 在香港或其他地方被裁定犯有任何可處監禁的罪行\*。

I hereby declare that I <sup>#</sup>have / have not been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment\*.

如曾被判定上述罪行，無論是否被判監禁或曾服刑，均須作出申報。請列明有關罪行的發生日期、地點、性質、判刑及案件編號。

If you have been convicted of the above offence(s), irrespective of whether a sentence of imprisonment had been imposed or served, please give details on the date, place, nature and sentence of the offence and case reference number.

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b) 本人 <sup>#</sup>曾經 / 從未 在香港或其他地方被裁定有專業上的失當行為。

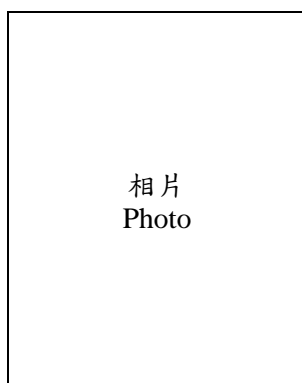
I <sup>#</sup>have / have not been found guilty in Hong Kong or elsewhere of misconduct in a professional respect.

如曾被裁定有專業上的失當行為，請提供有關專業組織發出的有關文件。

If you have been found guilty of misconduct, please provide the relevant documents issued by the professional bodies concerned.

(註：申請人曾經被裁定有專業上失當行為是指曾經被香港中醫藥管理委員會中醫組、其他香港或以外地方的專業組織裁定犯有專業上失當行為。)

(Remarks: Having been found guilty of misconduct in a professional respect means having been found guilty of misconduct in a professional respect by the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong or any other professional bodies in Hong Kong or elsewhere.)



日期(日/月/年)  
Date (DD/MM/YY)

申請人簽署  
Signature of Applicant

(只供內部  
填寫  
Official use  
only)

請在(丙部)認收信上填寫申請人姓名和地址。

Please write your name and address in the acknowledgement letter (Section C).

(<sup>#</sup> 將不適用者刪去)  
(<sup>#</sup> Delete as inappropriate)

(\*可處監禁的罪行指有關罪行在當時的刑罰可達被處監禁)

(\* An offence punishable with imprisonment means at the time of commission of the offence, the penalty of the offence could lead to imprisonment)

請在(丙部)認收信上填寫申請人姓名和地址。

Please fill in your name and address on the acknowledgement letter (Section C).



丙部

認收信

Section C

Acknowledgement letter

由申請人填寫

中醫執業證明書申請表  
(認收信)

姓名： \_\_\_\_\_

地址： \_\_\_\_\_

\_\_\_\_\_

To be completed by the Applicant

**Acknowledgement of Receipt of  
“Application Form for Practising Certificate”**

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

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

\_\_\_\_\_

(只供內部填寫)

\_\_\_\_\_ 先生/太太/女士/小姐：

香港中醫藥管理委員會中醫組已收到你的中醫執業證明書申請表。中醫組現正處理你的申請。你的申請編號是\_\_\_\_\_。如你的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 2201 室

查詢時請說明你的申請編號。

(Official use only)

Dear Mr/Mrs/Ms/Miss \_\_\_\_\_,

The Practitioners Board of the Chinese Medicine Council of Hong Kong acknowledges receipt of your application for practising certificate. Your application no. is \_\_\_\_\_. Your application is being processed. If there is any amendment to your personal particulars or if you have any enquiry, please contact the Secretariat of the Chinese Medicine Council.

Contact telephone no. and address are as follows:

Enquiry Telephone No.: 2121 1888

Address: Room 2201, 22/F,  
Wu Chung House,  
213 Queen's Road East,  
Wanchai, Hong Kong.

Please quote your application no. when making enquiries.