表格 FORM：LE1

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

2005年中醫執業資格試申請書
(適用於非表列中醫人士)
Application Form for Taking the 2005 Chinese Medicine Practitioners Licensing Examination (For Applicants other than Listed Chinese Medicine Practitioners)

香港法例第549章《中醫藥條例》
Chinese Medicine Ordinance (Cap. 549)

已填妥的申請書，必須於2004年11月8日至2004年12月17日止，連同報名表及申請費港幣1,022元，以掛號郵遞方式或親身送達香港中醫藥管理委員會秘書處，逾期遞交、未填妥的申請書或未有遞交一切所需文件的申請，將不獲受理。如以掛號郵寄方式遞交，則以郵戳日期為準。

The duly completed application form together with the enrolment form and the prescribed application fee of Hong Kong Dollars 1,022 must reach the Secretariat of the Chinese Medicine Council of Hong Kong by registered mail or in person within the period from 8 November 2004 to 17 December 2004 (inclusive). Late or incomplete applications, or applications without all the required documents will not be accepted. For applications and enrolments submitted by registered post, the date shown on the post mark will be taken as the submission date.

請沿虛線剪下及保留「申請書填寫指引」。

Please retain the Guidance Notes attached to this application form by cutting it along the dotted line.

(注意：此申請書只供根據《中醫藥條例》第61條第(1)(a)款申請參加中醫執業資格試的非表列中醫的人士填寫。)

(Note: This application form is only for the use of applicants who apply for taking the Licensing Examination under Section 61(1)(a) of the Chinese Medicine Ordinance.)

中醫執業資格試申請書填寫指引

填寫申請書前，請先閱讀以下指引。

申請參加中醫執業資格試

1. 申請人必須符合香港法例第549章《中醫藥條例》第61條第1(a)款所訂明的資格，才可參加中醫執業資格試。

2. 申請人必須首先填寫中醫執業資格試申請書(表格 FORM：LE1)及報名表(表格 FORM：LE1A)，向香港中醫藥管理委員會中醫組(下稱「中醫組」)申請參加中醫執業資格試及繳付訂明的申請費。

3. 請於2004年11月8日至2004年12月17日止(包括首尾兩日)，把已填妥的中醫執業資格試申請書，連同報名表及申請費港幣1,022元，以掛號郵遞方式或親身送達香港中醫藥管理委員會秘書處(下稱「秘書處」)，逾期遞交、未填妥的申請書或未有遞交一切所需文件的申請，將不會被接受。如以掛號郵遞方式寄交秘書處，則以郵戳日期為準。

4. 申請人將於2005年5月或之前獲通知參加中醫執業資格試的申請結果。

5. 中醫執業資格試包括第I部分筆試及第II部分臨床考試兩個部分。第I部分筆試暫定於2005年6月舉行。

6. 第II部分臨床考試暫定於2005年8月舉行。

7. 中醫組保留更改考試日期的權利。

申請費及考試費

8. 申請費及考試費如下：

申請費：	$1,022
考試費：	
第I部分—筆試：	$1,841
第II部分—臨床考試：	$2,688

(考試費在申請獲批准後，才須繳付。)

9. 申請人在遞交申請書及報名表時，須附有一張已填寫申請費港幣1,022元的劃線支票、銀行本票或匯票。支票、銀行本票或匯票的收款人須寫上“香港特別行政區政府”或“The Government of the Hong Kong Special Administrative Region”或“The Government of the HKSAR”，並在背面寫上申請人的姓名。請勿以現金繳交費用。

10. 申請獲批准後，考生會獲通知繳交筆試考試費。臨床考試費則在考生取得筆試合格後，才須繳交。

11. 在任何情況下，申請人已繳付的申請費及考試費均不會發還或轉作其他用途。

12. 再次申請應考中醫執業資格試的任何一部分，均須繳交當時所訂明的申請費及考試費。

一般事項

13. 請用黑色墨水筆或原子筆填寫申請書及報名表。

14. 申請人須填妥申請書及報名表各項（包括中英文地址），並提供正確資料。

15. 請以正楷中文或英文填寫申請書及報名表。

16. 請附上三幅不大於 50x70 毫米，亦不少於 40x60 毫米的申請人近照（在提交申請前 6 個月內拍攝的照片）。其中一幅照片須貼於申請書上，另一幅貼於報名表上，並在第三幅相片背面寫上申請人姓名。

17. 申請人如未能提供所需的一切文件及資料，申請書將不獲受理。

18. 申請人應保留一份填妥的申請書及報名表副本，以備參考。

19. 如申請書空位不敷填寫，請另頁填寫，並在申請書有關部分註明。申請人須在該附頁上寫上其姓名及簽署，然後將附頁釘附在申請書內。

住址及通訊地址

20. 請提供中英文住址及通訊地址。

21. 所有關於參加中醫執業資格試的通知書、准考證及考生須知等文件均會寄往申請人提供的通訊地址。申請人在遞交申請書及報名表後，通訊地址及／或電話及／或傳真號碼如有變更，必須立即通知秘書處(電話號碼：2121 1888，傳真號碼：2121 1898，電郵地址：exam@cmchk.org.hk)。

中醫學歷

22. 請在申請書 B 部「學校名稱」欄上，填上適當的編號，請參閱附表一的學校編號。如學校名稱不在附表一內，請註明學校名稱。

23. 請在申請書 B 部「課程名稱」欄上，填寫修讀課程的全名，所填寫的課程名稱必須與提交的學歷證明文件所列載的資料一致。

24. 請在申請書 B 部「醫院或診療所名稱」欄上，填寫申請人在

修讀中醫學位課程期間，全部的畢業實習醫院或診所名稱，所提供的資料必須與提交的畢業實習證明文件所列載的資料一致。

25. 如申請人在香港以外的機構取得有關的中醫學位學歷，須提供有關院校的詳情，包括院校地址，聯絡電話及傳真號碼等。如有關院校無法被聯絡以核實申請人的學歷，申請將不會獲接納。

26. 請在申請書B部「頒發機構」欄上填寫頒發有關中醫學位學歷證書的機構，以及在「國家/地域」欄上填寫機構所屬的國家、省份或地區。

27. 請在申請書B部「學歷」欄上，填寫所獲頒發的中醫學位學歷，所填寫的學歷資格必須與提交的學歷證明文件所列載的資料一致。

遞交申請書及報名表

28. 已填妥的參加中醫執業資格試申請書及報名表，連同申請費、身份證明文件及有關學歷證明文件的公證影印副本，必須在2004年11月8日至2004年12月17日期間(包括首尾兩日)，以掛號郵寄方式或親身送達秘書處。切勿郵寄現金。逾期遞交、未填妥的申請書或未有遞交一切所需文件的申請，將不會被接受。

29. 申請人亦可在申請期間親身前往秘書處遞交申請。在這情況下，申請人可提供證明文件的正本以供秘書處職員核對，而所遞交的證明文件的副本便無須經過公證。

30. 秘書處在收到申請書及報名表後，會為申請人編配一個申請編號。這個編號將在申請人仍為中醫執業資格試的考生及合乎資格參加考試的期間內維持有效。

31. 香港考試及評核局(下稱「考評局」)會在考試前將准考證及考生須知郵寄給考生。如果考生在考試日期前一個星期內仍未收到該等文件，請致電考評局(電話號碼：2328 0061內線323或2350 2782)。

32. 考生必須在第I部分筆試取得合格，才有資格參加第II部分臨床考試。

33. 如申請重考，考生只須填妥報名表(表格FORM：LE1A)，並清楚列明應考部分。申請重考中醫執業資格試的任何一部分，均須繳交訂明的申請費及考試費。

34. 於截止日期後收到的申請書、報名表及/或未有繳付訂明費用的申請，均不會被接受及處理。

認收信

35. 秘書處在收到申請書及報名表後，會發出註有申請編號的認收信。如申請人在遞交申請書及報名表後二星期仍未收到認收信，請立即致電 2121 1888 與秘書處聯絡。為了避免郵遞錯誤，申請人須在認收信上清楚填寫姓名和地址。只有已獲秘書處認收的申請書及報名表，才會獲得處理。

面見

36. 如有需要，秘書處會安排約見申請人，核實申請人的證明文件。

提供虛假資料

37. 根據《中醫藥條例》第 107 條的規定，任何人藉作出或文出，或藉導致作出或導致文出，口頭或書面的任何虛假或有欺詐成分的陳述或聲明而欺詐地促致或企圖促致其本人或任何其他人，獲得註冊為註冊中醫，即屬犯罪，一經循公訴程序定罪，可處監禁 3 年。

38. 根據香港法例第 200 章《刑事罪行條例》第 36(a)條的規定，凡經宣誓而作失實聲明者，均屬違法。違例者可被判入獄 2 年及罰款。

聲明

39. 申請人必須作出宣誓，確認申請書（表格 FORM:LE1）內所填報的各項詳情及隨附的所有文件及資料，就其所知道的，均屬真實及正確。申請人可於辦公時間到秘書處辦理宣誓。境外人士可在其國家的公證處宣誓。

防止賄賂

40. 根據香港法例第 201 章《防止賄賂條例》的規定，倘任何擔當與中醫執業資格試及或中醫註冊有關事宜的人士提供任何利益（金錢或禮物），以影響其申請之有關處理，均屬違法，可處監禁 7 年及罰款$500,000。

收集個人資料的目的

41. 申請人向中醫組提供的個人資料，將會作為審核申請和安排考試的用途。申請人提供其個人資料，出於自願。可是，如果申請人不提供充分資料，中醫組可能無法處理其申請。

個人資料的轉介

42. 申請人所提供的個人資料，主要由香港中醫藥管理委員會秘書處使用，但亦可能因以上第41段所列目的，向考評局（作為安排考試之用）及其他政府部門、中介機構或行政管理機構披露。除此之外，申請人的個人資料祇會在其本人同意下，又或是在《個人資料（私隱）條例》所容許下，才會向其他人士或機構披露。

查閱及修改個人資料

43. 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，申請人有權查閱及修正個人資料。查閱資料時，申請人可能需要繳交費用。申請人的資料如有任何更改，須盡快以書面寄交秘書處。信封上請註明「中醫執業資格試」。

來函或查詢

44. 所有來函、申請書及報名表，應送交秘書處，信封上請註明「中醫執業資格試」。秘書處的地址和聯絡方法如下：

地址	：	香港　灣仔 皇后大道東213號 胡忠大廈37樓 香港中醫藥管理委員會秘書處
傳真號碼	：	(852) 2121 1898
電話號碼	：	(852) 2121 1888
互聯網網址	：	www.cmchk.org.hk
電郵地址	：	exam@cmchk.org.hk
辦公時間	：	上午九時至下午一時（星期一至五） 下午二時至下午五時（星期一至五） 上午九時至下午一時（星期六） （星期日及公眾假期休息）

表格 FORM: LE1

Guidance Notes on Completing the Application Form for Taking the Chinese Medicine Practitioners Licensing Examination

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

Application for taking the Chinese Medicine Practitioners Licensing Examination

1. To be eligible for taking the Licensing Examination, applicants should satisfy the requirements stipulated in Section 61(1)(a) of Chinese Medicine Ordinance (Cap. 549 of the Laws of Hong Kong).

2. Applicants should first make an application to the Chinese Medicine Practitioners Board (the Practitioners Board) of the Chinese Medicine Council of Hong Kong for taking the Chinese Medicine Practitioners Licensing Examination (the Licensing Examination) by completing the application form (FORM : LE1) and the enrolment form (FORM : LE1A) and pay the prescribed application fee.

3. Duly completed application form, together with enrolment form and application fee of Hong Kong Dollars 1,022, must reach the Secretariat of the Chinese Medicine Council of Hong Kong (the Secretariat) by registered post or in person within the period from 8 November 2004 to 17 December 2004 (inclusive). Late or incomplete applications, or applications without all the required documents, will not be accepted. For applications submitted by registered post, the date shown on the post mark will be taken as the submission date.

4. Applicants will be informed of the results of their applications for taking the Licensing Examination in or before May 2005.

5. The Licensing Examination consists of two parts, viz. Part I – Written Examination and Part II – Clinical Examination. Part I – Written Examination will be held in June 2005.

6. Part II – Clinical Examination will be held in August 2005.

7. The Practitioners Board reserves the right to change the date of examination.

Application and examination fees

8. The application and examination fees are as follows:

Application fee	:	$1,022
Examination fees:		
Part I – Written Examination	:	$1,841
Part II – Clinical Examination	:	$2,688

(Examination fees should be paid after the application for taking the Licensing Examination is approved.)

9. A crossed cheque, bank draft or money order in the amount of the application fee of Hong Kong Dollars 1,022 should be enclosed with the application. The cheque, bank draft or money order 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 applicant's name written on the back. Payment by cash will not be accepted.

10. Successful candidates will be asked to pay the examination fee for Part I – Written Examination after the application for taking the Licensing Examination is approved. The examination fee for Part II – Clinical Examination should be paid after a candidate has passed the Written Examination.

11. Under no circumstances will the application fee and the examination fee paid by a candidate be refunded or transferred for other uses.

12. Candidates applying for re-attempt of any part of the Licensing Examination have to pay both the prescribed application fee and the examination fees for the respective parts.

General notes

13. Please complete the application form and the enrolment form <u>in black ink</u>.

14. Applicants should ensure that all parts of the application form and the enrolment form are completed (including the address in Chinese and English) and the information provided is correct.

15. Please complete the application form and the enrolment form in either Chinese or English, and in <u>block letters</u>.

16. Three recent photographs not larger than 50 x 70 mm, and not smaller than 40 x 60 mm should be enclosed with the application. The photographs should be

taken within 6 months before the submission of application. One of the photographs should be affixed to the application form, and another one should be affixed to the enrolment form. Please write the name of applicant on the back of the third one.

17. The application will not be considered if the applicant fails to provide all the documents and information as requested.

18. Applicants are advised to keep a photocopy of the completed application form, and the enrolment form, for their own reference.

19. If there is insufficient space, please use a separate sheet and indicate in the relevant part of the application form. Applicants should write their name and sign on the sheet, and attach it to the application form.

Residential and correspondence addresses

20. Please provide both residential and correspondence addresses in Chinese and English.

21. All notification letters, admission forms and instructions to candidates for taking the Licensing Examination will be sent to the correspondence address as provided by applicants. If the address, telephone number, or fax number is changed after submission of the application, please notify the Secretariat immediately (telephone number: 2121 1888, fax number: 2121 1898, e-mail address: exam@cmchk.org.hk).

Academic qualification in Chinese Medicine

22. Please write the school code in the column of "Name of Schools" of section B of the application form in accordance with the codes listed in Table 1. For schools not listed in Table 1, please specify the name of the school.

23. Please write the full title of the course that has been studied in the column of "Course Title" of section B of the application form. The course title should be consistent with the relevant information stated in the academic certifications.

24. Please write the name of all the hospitals or clinics for the clinical training received in the undergraduate degree course in Chinese Medicine in the column of "Name of Hospital or Clinic" of section B of the application form. The information should be consistent with the relevant information stated in the certification of clinical training.

25. If an applicant's degree in Chinese Medicine was awarded by an institution outside Hong Kong, please provide details of the institution including the address, telephone number, and fax number, etc. If the institution concerned cannot be contacted to verify the applicant's academic qualifications, his or her application will not be accepted.

26. Please write in the column of "Issuing Authority" of section B of the application form the name of the institution awarding the degree in Chinese Medicine to the applicant, and write in the column of "Country/ Region" the country, province or region where the institution is located.

27. Please write the title of the applicant's degree in Chinese Medicine in the column of "Academic Qualification" of section B of the application form. The title of the degree should be consistent with the relevant information stated in the academic certification.

Submission of application and enrolment forms

28. Completed application forms and enrolment forms, together with application fees and copies of identification and academic qualifications, for taking the Licensing Examination must reach the Secretariat by registered post within the period from 8 November 2004 to 17 December 2004 (inclusive). All copies of identification and academic certificates must be certified by a notary public. No cash should be sent along with the application. Late or incomplete applications, or applications without all the required documents, will not be accepted.

29. Applicants may also submit the application to the Secretariat in person during the application period. In the circumstances, they can produce the originals of the relevant documentary evidence to the Secretariat staff for verification, and it is not necessary for the copies of the documentary evidence to be certified by a notary public.

30. Upon receipt of the application form and the enrolment form, the applicant will be allocated an application number which will remain effective during the period in which the applicant is an eligible candidate to sit for the Licensing Examination.

31. The Hong Kong Examinations and Assessment Authority (HKEAA) will mail the admission forms and the "Instructions to Candidates" to candidates before the holding of the Licensing Examination. If candidates do not receive them one week before the holding of the examination, please contact the HKEAA at 2328 0061 (ext. 323) or 2350 2782.

32. Candidates must obtain a pass in Part I – Written Examination, before they are eligible for taking Part II – Clinical Examination.

33. If applicants apply to re-sit for the Licensing Examination, they should complete the enrolment form (FORM : LE1A) only. They should state clearly the part of the examination to be taken. Applicants applying for re-attempt should pay the prescribed application and examination fees.

34. Applications or enrolment forms received after the deadline for application, or applications without payment of the prescribed fees, will not be accepted and processed.

Acknowledgement of application and enrolment forms

35. Upon receipt of the application forms and the enrolment forms, the Secretariat will issue acknowledgement letters, provided with application numbers. If applicants do not receive the acknowledgement two weeks after the submission of the application forms and the enrolment forms, please contact the Secretariat at 2121 1888 immediately. Please print the applicant's name and address clearly on the respective acknowledgement letters to avoid mistakes in mailing. Applicants should not presume that their applications have been processed until receipt of the acknowledgement letters issued by the Secretariat.

Interview

36. Where necessary, applicants may be required by the Secretariat to attend an interview for verifying the authenticity of the documentary evidence.

Provision of false information

37. In accordance with 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, 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.

38. In accordance with Section 36(a) of the Crimes Ordinance (Cap. 200 of the Laws of Hong Kong), any person who makes a false statement in a statutory declaration commits an offence. The penalty is imprisonment for 2 years and a fine.

Declaration

39. Applicants are required to take an oath to confirm that the information provided in the application form (FORM : LE1) and all the attached documents are, to the best of his or her knowledge and belief, true and correct. Declaration may be made at the Secretariat during office hours. For applicants who live outside Hong Kong, they can make the declaration before a notary public of their own country.

Prevention of bribery

40. In accordance with the Prevention of Bribery Ordinance (Cap. 201 of the Laws of Hong Kong), any person who offers any advantage (money or gift) to any persons involved in the Licensing Examination and registration of Chinese medicine practitioners, to influence the processing of his or her application, commits an offence and is liable to imprisonment for 7 years and a fine of $500,000.

Purpose of collecting personal data

41. The personal data given to the Practitioners Board by applicants will be used in processing applications for taking the Licensing Examination, and arranging for the examination. The provision of personal data is on a voluntary basis. However, if an applicant does not provide sufficient information, the Practitioners Board may not be able to process his or her application.

Transfer of personal data

42. The personal data provided by an applicant are mainly for use within the Chinese Medicine Council of Hong Kong, but they may also be disclosed to the Hong Kong Examinations and Assessment Authority (for examination arrangements) and to other Government bureaux/departments, agencies or authorities for the purposes mentioned in paragraph 41 above. Apart from this, applicants' personal data will only be disclosed to other persons or organizations if they have given consent to such disclosure or such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to personal data

43. Applicants 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. A fee may be imposed for complying with

a data access request. Should there be any amendment to the personal data, the applicants should, as early as practicable, post a written notification to the Secretariat and mark "Licensing Examination" and their application number on the envelope.

Correspondence or enquiries

44. All correspondence, application and enrolment forms should be addressed to the Secretariat. Please mark "Licensing Examination" on the envelope. The Secretariat can be contacted as follows:

Address	:	The Secretariat of the Chinese Medicine Council of Hong Kong 37/F Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong.
Fax No.	:	(852) 2121 1898
Telephone No.	:	(852) 2121 1888
Website	:	www.cmchk.org.hk
E-mail address	:	exam@cmchk.org.hk
Office hours	:	9:00a.m. - 1:00p.m. (Monday to Friday) 2:00p.m. - 5:00p.m. (Monday to Friday) 9:00a.m. - 1:00p.m. (Saturday) (Closed on Sundays and public holidays)

表格 FORM：LE1

申請編號：
Application No.:

香港中醫藥管理委員會
The Chinese Medicine Council of Hong Kong
2005年中醫執業資格試申請書(適用於此表列中醫人士)
Application Form for Taking the 2005 Chinese Medicine Practitioners Licensing Examination (For Applicants other than Listed Chinese Medicine Practitioners)
香港法例第549章《中醫藥條例》
Chinese Medicine Ordinance (Cap. 549)

此申請書只適用於根據《中醫藥條例》第61條第(1)(a)款申請參加中醫執業資格試的此表列中醫的人士。
This application form is only applicable to applicants other than listed Chinese medicine practitioners applying for taking the Licensing Examination under Section 61(1)(a) of the Chinese Medicine Ordinance.

A部 個人資料（請以正楷書寫）
SECTION A PERSONAL PARTICULARS (PLEASE WRITE IN BLOCK LETTERS)

中文姓名
Name in Chinese _____ ☐ 先生 Mr. ☐ 小姐 Miss ☐ 女士 Ms.

英文姓名
Name in English

姓氏 (Surname)

名 (Other Names)

注意：姓名應以香港身份證/護照上所登記者為準。
NOTE : Your name must be the same as that appearing on your Hong Kong Identity Card/Passport.

出生日期
Date of Birth 日 Date 月 Month 年 Year

出生地點
Place of Birth _____

香港身份證號碼
H.K. ID No. ___-_____(_)
(如適用者) (If applicable)

護照/身份證明書號碼
Passport/Certificate of ID No.
(如適用者) (If applicable)

簽發機關
Issuing Authority _____

日間聯絡電話/流動電話號碼
Day Time Contact Telephone No. ____-____-_____

住宅電話號碼
Residential Telephone No. ____-____-_____

傳真號碼
Fax No. ____-____-_____
國家號碼 Country Code 區域號碼 Area Code

注意：請附上身份證明文件副本。
N.B. : Please attach a copy of the proof of identity.

請在適當方格內加上「✓」號。
Please "✓" in the appropriate box.

（如適用，請提供中文及英文地址。）
(If applicable, please provide the address in both Chinese and English.)

中文住址
Residential Address in Chinese

室 (Flat) 樓 (Floor) 座 (Block)

大廈 (Building) / 屋邨 (Housing Estate)

街道 (Street)

地區 (District)

城市 (City) / 國家 (Country)

郵政編碼 (Postal Code / Zip Code)

英文住址
Residential Address in English

室 (Flat) / 樓 (Floor) / 座 (Block)

大廈 (Building)

屋邨 (Housing Estate)

街道 (Street)

地區 (District)

城市 (City) / 國家 (Country)

郵政編碼 (Postal Code / Zip Code)

（如通訊地址與以上地址不同，請填寫以下部分。）
(If the correspondence address is different from the above address, please fill in the following parts.)

中文通訊地址
Correspondence Address in Chinese

室 (Flat) 樓 (Floor) 座 (Block)

大廈 (Building) / 屋邨 (Housing Estate)

街道 (Street)

地區 (District)

城市 (City) / 國家 (Country)

郵政編碼 (Postal Code / Zip Code)

英文通訊地址
Correspondence Address in English

室 (Flat) / 樓 (Floor) / 座 (Block)

大廈 (Building)

屋邨 (Housing Estate)

街道 (Street)

地區 (District)

城市 (City) / 國家 (Country)

郵政編碼 (Postal Code / Zip Code)

B部 中醫學歷
SECTION B ACADAMIC QUALIFICATION IN CHINESE MEDICINE

1. 曾接受不少於 5 年的中醫執業訓練本科學位課程或等同課程
UNDERGRADUATE DEGREE COURSE OF TRAINING IN CHINESE MEDICINE PRACTICE OF NOT LESS THAN 5 YEARS OR EQUIVALENT

學校名稱 (請參照附表一的學校編號) Name of Schools (Please fill in the school code as listed at Table 1)	課程名稱 Course Title	課程年期 Years of the Course	就讀班級 Class Attended / Attending	就讀日期 (日/月/年) Period Attended (Day/Month/Year) 由 From 至 To	上課方式 請在方格內加「✓」號註明是否在校全時間制、或遙距授課(包括函授或網授)等 Mode of Attendance Please "✓" in the box to indicate if it is full-time on campus, or distance learning (including correspondence or web-based programme), etc
☐☐☐ • 其他 Others_______ _______________					在校全時間制 Full-time on Campus ☐ 是 Yes ☐ 否 No 遙距授課 Distance Learning ☐ 是 Yes ☐ 否 No • 其他 Others _______________ _______________
☐☐☐ • 其他 Others_______ _______________					在校全時間制 Full-time on Campus ☐ 是 Yes ☐ 否 No 遙距授課 Distance Learning ☐ 是 Yes ☐ 否 No • 其他 Others _______________ _______________
☐☐☐ • 其他 Others_______ _______________					在校全時間制 Full-time on Campus ☐ 是 Yes ☐ 否 No 遙距授課 Distance Learning ☐ 是 Yes ☐ 否 No • 其他 Others _______________ _______________

2. 如果你於香港以外的中醫藥院校畢業，請填寫以下部分：
IF YOU ARE GUADUATED FROM A CHINESE MEDICINE SCHOOL(S) OUTSIDE HONG KONG, PLEASE FILL IN THE FOLLOWING:

院校名稱 Name of School	地址 (請寫上郵政編號) Address (with postal code / zip code)	電話號碼 (請寫上國家號碼 / 地區號碼) Telephone Number (with country code / area code)	傳真號碼 (請寫上國家號碼 / 地區號碼) Fax Number (with country code / area code)

請在適當方格內加上「✓」號。
Please "✓" in the appropriate box.

3. 中醫學位課程畢業實習

CLINICAL TRAINING IN CHINESE MEDICINE

請列出在接受中醫執業訓練本科學位課程的畢業實習期間所獲得的臨床實習訓練。

List below any clinical training received during your study of the undergraduate degree course of training in Chinese medicine practice.

醫院或診療所名稱 Name of Hospital or Clinic	地點 Place	實習日期 （日/月/年） Period of Clinical Training Attended (Day/Month/Year)		請註明是否已夾附由院校發出的畢業實習證明文件副本 Please indicate if copies of the documentary evidence of the clinical training issued by the schools are attached
		由 From	至 To	
				☐ 是 Yes ☐ 否 No
				☐ 是 Yes ☐ 否 No
				☐ 是 Yes ☐ 否 No

4. 中醫學位學歷(請夾附所有成績單及學歷證明文件副本)

ACADEMIC ATTAINMENT IN CHINESE MEDICINE (PLEASE ATTACH COPIES OF ALL TRANSCRIPTS AND ACADEMIC QUALIFICATIONS)

請提供所獲中醫學位學歷詳情

Please provide details of the degree in Chinese Medicine obtained.

頒發機構 Issuing Authority	國家/地域 Country/Region	頒發日期 （日/月/年） Date Issued (Day/Month/Year)	學歷 Academic Qualification	請註明是否已夾附所需成績單(包括臨床訓練)及學歷證明文件副本 Please indicate if copies of transcripts (including clinical training) and documentary evidence of academic qualifications are attached
				畢業證書 Graduate Certificate ☐ 是 Yes ☐ 否 No *成績單 Full Transcript ☐ 是 Yes ☐ 否 No
				畢業證書 Graduate Certificate ☐ 是 Yes ☐ 否 No *成績單 Full Transcript ☐ 是 Yes ☐ 否 No
				畢業證書 Graduate Certificate ☐ 是 Yes ☐ 否 No *成績單 Full Transcript ☐ 是 Yes ☐ 否 No

*注意：必須連同申請書遞交有關學歷證明文件副本，包括畢業證書、學位證書、成績單及畢業實習證明(須顯示學生姓名、畢業院校、課程年期、修讀年份、學期、各學年修讀科目、實習科目及年份、時數、考試及實習成績等)。假如不能遞交所需成績單及學歷證明文件副本，請另用白紙述明理由，與申請書一併附交。中醫組只會在非常特殊情況下，才考慮並無成績單及學歷證明文件副本夾附的申請書。

N.B.: Please submit the application with attached copies of documentary evidence of academic qualifications, **including Graduation and Degree certificates, Transcript of Academic Record and Clinical Training Record (showing your name, school name, years of study, period attended, subjects, clinical training, study hours and results, etc)**. If you are unable to submit copies of the required transcripts and documentary evidence of academic qualifications, please give your reasons in writing on additional sheet(s) and attach it/them to your application. Applications without copies of transcripts and academic documentary evidence will be considered only under very exceptional circumstances.

請在適當方格內加上「✓」號。

Please "✓" in the appropriate box.

5. 除B部(4)已列出的學歷證明文件外，請於以下表格列出連同此申請書遞交的其他證明文件副本。

OTHER THAN THE ACADEMIC DOCUMENTARY EVIDENCE LISTED IN PART B(4), PLEASE LIST IN THE TABLE BELOW ALL THE DOCUMENTS THAT ARE ATTACHED TO YOUR APPLICATION FORM.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

(備註：如有需要，請另頁填寫，並於每頁附加的紙張寫上你的姓名及簽署。)

(Remarks: Attach additional sheet(s) if required, with your name and signature on each.)

D 部　　聲明
SECTION D　DECLARATION

附註：下面所載聲明，必須在衞生署內一位監誓員面前宣誓、簽署及填妥。在一位公證人面前辦理亦可。

Note: The following declaration must be sworn, signed and completed before a Commissioner for Oaths in Department of Health or a Notary Public.

1. 本人 _____，是香港身份證號碼/護照號碼：_____持有人，
（姓名）

謹以至誠聲明，本人在此份參加香港中醫藥管理委員會中醫執業資格試的申請書內所填報的各項詳情及隨附的所有文件及資料均屬確實。

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書所提供的資料。

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

4. 本人明白向香港中醫藥管理委員會中醫組提交個人資料的目的是作為審核本人參加中醫執業資格試的申請及安排考試的用途。

5. 本人明白所提交的個人資料，主要由香港中醫藥管理委員會秘書處使用，但亦可能因以上第 4 段所列目的，向香港考試及評核局(用作安排考試)及其他政府部門、中介機構或行政管理機構披露。除此之外，本人的個人資料祇會在本人同意下，又或是《個人資料(私隱)條例》所容許下，才會向其他人士或機構披露。

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。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，須盡快以書面通知香港中醫藥管理委員會秘書處。

(a) I _____, holder of H.K. Identity Card No. / Passport No.:_____ ,
(Name in Full)
solemnly and sincerely declare that all the information and particulars given by me in this application form (with all attached documents) for taking the Chinese Medicine Practitioners Licensing Examination of the Chinese Medicine Council of Hong Kong are true and correct.

(b) 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.

(c) 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, 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.

(d) 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 processing my application for taking the Chinese Medicine Practitioners Licensing Examination and arranging for the examination.

(e) 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 the Hong Kong Examinations and Assessment Authority (for examination arrangements) and to other Government bureaux/departments, agencies or authorities for the purposes mentioned in paragraph (d) above, if required. Apart from this, my 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.

(f) 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. 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 of Hong Kong as soon as possible.

請在此貼上
申請人近照
Attach Recent
Photograph of
Applicant Here

申請人簽署：
Applicant's Signature：_____

此項聲明是在_____於_____年___月___日在本人面前提出。

Declared at _____this_____of _____.
(day)　(month, year)

監誓員或公證人簽署	監誓員或公證人姓名	身份/職位
(Signature of Commissioner for Oaths or Notary Public)	(Name of Commissioner for Oaths or Notary Public)	Designation/Post

警告：根據刑事罪行條例(香港法例第 200 章)第 36(a)條的規定，凡宣誓而作失實聲明者，均屬違法。違例者可被判入獄兩年及罰款。

CAUTION: It is an offence under Section 36(a) of the Crimes Ordinance (Chapter 200 of the Laws of Hong Kong) to make a false statement in a statutory declaration. The penalty is imprisonment for two years and a fine.

E 部
SECTION E

注意： 以下證明書，須由發出該等學位的大學或有關機構的院長或獲授權人員填寫，並連同申請書一併交回秘書處。

N.B.： The following certificate should be completed by the dean or an authorized officer of the university or the institution which granted the degree by virtue of which the application is made. An official chop of the institution should also be provided.

茲證明 _____ (_____)
（申請人姓名） （香港身份證號碼/護照/身份證明書號碼）

由 _____ 年 _____ 月 ____ 日 至 _____ 年 _____ 月 ____ 日 在 _____
（大學名稱）

_____ 修讀 _____
（課程名稱）

並已圓滿地完成該中醫執業訓練本科學位課程，及參加有關考試，成績合格，而據本人所知，這部分所載全部資料，確實無訛。

I certify that _____ (_____)
(Name of Applicant) (H. K. ID No./Passport/Certificate of ID No.)

had attended the _____ at _____
(Name of Course) (Name of University)

_____ from _____ until _____
(date) (date)

and passed the _____ examinations and satisfactorily
(Name of Course)

completed the undergraduate degree course of training in Chinese medicine practice listed above and that all the information given in this section is, to the best of my knowledge and belief, true and correct.

簽署：
Signature：_____
姓名(請用正楷)：
Name in BLOCK LETTERS：_____
職位：
Position held：_____
院校名稱：
Name of Institute：_____
聯絡電話：
Contact Telephone Number：_____
傳真號碼：
Fax Number：_____
日期：
Date：_____

_____
院校蓋章
SEAL/OFFICIAL CHOP OF INSTITUTE

以上所述的中醫執業訓練本科學位課程及畢業實習的詳細資料如下：
Details of the above undergraduate degree course of training in Chinese medicine practice and clinical training are as follows:

	全部科目（包括畢業實習訓練） All Subjects (including Clinical Training)	修讀日期 Duration of study 自 From 至 To	學習時數 Study Hours
第一年 1st Year		年 Year/月 Month ☐☐/☐☐ — 年 Year/月 Month ☐☐/☐☐	
第二年 2nd Year		年 Year/月 Month ☐☐/☐☐ — 年 Year/月 Month ☐☐/☐☐	
第三年 3rd Year		年 Year/月 Month ☐☐/☐☐ — 年 Year/月 Month ☐☐/☐☐	
第四年 4th Year		年 Year/月 Month ☐☐/☐☐ — 年 Year/月 Month ☐☐/☐☐	
第五年 5th Year		年 Year/月 Month ☐☐/☐☐ — 年 Year/月 Month ☐☐/☐☐	
第六年 6th Year		年 Year/月 Month ☐☐/☐☐ — 年 Year/月 Month ☐☐/☐☐	

請註明以上學位課程是否在校全時間制。(請在適當方格內加上「✓」號)
Please indicate if the above degree course is conducted full-time on campus. ☐ 是 Yes ☐ 否 No
(Please "✓" in the appropriate box)

請註明以上課程是否函授課程或網授課程或其他遙距課程。
(請在適當方格內加上「✓」號)
Please indicate if the above course is a correspondence course or web-based programme or other forms of distance learning. ☐ 是 Yes ☐ 否 No
(Please "✓" in the appropriate box)

中醫藥科目的總學習時數 (不包括畢業實習)
Total study hours of Chinese medicine subjects (excluding clinical training) ☐

上述課程的總學習時數（不包括畢業實習）
Total study hours of the above course (excluding clinical training) ☐

畢業實習時間
Duration of clinical training during the last year of the undergraduate degree course ☐ 周 weeks 或 or ☐ 時數 study hours

簽署：
Signature：_____
姓名(請用正楷)：
Name in BLOCK LETTERS：_____
職位：
Position held：_____
院校名稱：
Name of Institute：_____
聯絡電話：
Contact Telephone Number：_____
傳真號碼：
Fax Number：_____
日期：
Date：_____

院校蓋章
SEAL/OFFICIAL CHOP OF INSTITUTE

附表一
Table 1

學校編號
Code of Schools

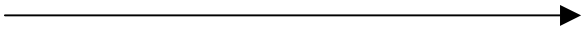
學校編號 Code	學校名稱	Name of Schools (English Translation)
001	香港大學	The University of Hong Kong
002	香港中文大學	The Chinese University of Hong Kong
003	香港浸會大學	Hong Kong Baptist University
004	上海中醫藥大學	Shanghai University of Traditional Chinese Medicine
005	山東中醫藥大學	Shandong University of Traditional Chinese Medicine
006	北京中醫藥大學	Beijing University of Traditional Chinese Medicine
007	成都中醫藥大學	Chengdu University of Traditional Chinese Medicine
008	南京中醫藥大學	Nanjing University of Traditional Chinese Medicine
009	黑龍江中醫藥大學	Heilongjiang University of Traditional Chinese Medicine
010	廣州中醫藥大學	Guangzhou University of Traditional Chinese Medicine
011	山西中醫學院	Shanxi College of Traditional Chinese Medicine
012	天津中醫學院	Tianjin College of Traditional Chinese Medicine
013	北京聯合大學中醫藥學院	College of Traditional Chinese Medicine and Pharmacy of the Beijing Union University
014	甘肅中醫學院	Gansu College of Traditional Chinese Medicine
015	江西中醫學院	Jiangxi College of Traditional Chinese Medicine
016	安徽中醫學院	Anhui College of Traditional Chinese Medicine
017	河北醫科大學中醫學院	College of Traditional Chinese Medicine of the Hebei Medical University
018	河南中醫學院	Henan College of Traditional Chinese Medicine
019	長春中醫學院	Changchun College of Traditional Chinese Medicine
020	陝西中醫學院	Shanxi College of Traditional Chinese Medicine
021	浙江中醫學院	Zhejiang College of Traditional Chinese Medicine
022	湖北中醫學院	Hubei College of Traditional Chinese Medicine
023	湖南中醫學院	Hunan College of Traditional Chinese Medicine
024	雲南中醫學院	Yunnan College of Traditional Chinese Medicine
025	貴陽中醫學院	Guiyang College of Traditional Chinese Medicine
026	福建中醫學院	Fujian College of Traditional Chinese Medicine
027	新疆醫科大學中醫學院	College of Traditional Chinese Medicine of the Xinjiang Medical University
028	廣西中醫學院	Guangxi College of Traditional Chinese Medicine
029	遼寧中醫學院	Liaoning College of Traditional Chinese Medicine
*030	北京針灸骨傷學院	Beijing College of Acupuncture – Moxibustion and Orthopaedics - Traumatology

*註：北京針灸骨傷學院已於 2000 年與北京中醫藥大學合併。
Note: The Beijing College of Acupuncture – Moxibustion and Orthopaedics - Traumatology and the Beijing University of Traditional Chinese Medicine were merged in 2000.

請核對文件清單上的各項，確保已遞交所需文件。

Please go through the checklist and make sure that

the required documents have been submitted.



須呈交的文件清單

□ 填妥的申請書(D部聲明必須在衛生署向一位監誓員或在一位公證人面前宣誓、簽署及填妥。)

□ 申請費港幣 1,022 元

*□ 香港身份證/護照(公證/鑑證影印副本)

*□ 畢業證書(公證/鑑證影印副本)

*□ 學位證書(公證/鑑證影印副本)

*□ 包括臨床訓練的學業成績單(公證/鑑證影印副本)
(詳細列明課堂學習及畢業實習的學科、成績及每學科的實習日期。)

*□ 畢業實習證明(公證/鑑證影印副本)
(詳細列明畢業實習的學科、成績及每學科的實習日期。)

□ 由發出該等中醫學位的大學或有關機構的院長或獲授權人員填寫的大學證明書(正本)- 載於申請書 E 部第 7 及 8 頁。

<u>附註</u>

* 以掛號郵遞呈交考試申請的人士,必須連同香港身份證或護照、畢業證書、學位證書、學業成績單及夾附的所有文件的公證影印副本(notarized photocopies),一併提交。如申請人親身遞交申請書及向秘書處職員出示上述文件的<u>正本</u>供核對,所呈交的文件副本便無須經過公證。

CHECKLIST OF REQUIRED ITEMS

☐ Completed application form (With Section D the Declaration sworn, signed and completed before a Commissioner for Oaths in Department of Health or a Notary Public)

☐ Application fee of Hong Kong Dollars 1,022

* ☐ HKID Card/Passport (notarized photocopy)

* ☐ Graduate certificate (notarized photocopy)

* ☐ Degree certificate (notarized photocopy)

* ☐ Official transcripts of studies including clinical training (notarized photocopy) (with disciplines and duration specified)

* ☐ Evidence of the clinical training (notarized photocopy) (with disciplines and duration specified)

☐ Certificate (original) issued by the dean or an authorized person of the university or institute awarding the degree in Chinese Medicine – as printed in Section E, pages 7 and 8 of the application form.

Note

* Notarized photocopies of the HKID Card / passport / graduate certificate / degree certificate / transcripts / all other supporting documents should be attached for applicants who submit the application by registered mail. If applicants submit the application and present the originals of the above documents in person for verification purpose, their photocopies need not be notarized.

F部　　認收信
SECTION F　ACKNOWLEDGEMENT LETTER

申請人填寫

2005年中醫執業資格試申請書認收信
（請填上你的姓名和地址）

姓名：_____

地址：_____

_____

_____

_____

Filled by the Applicant

Acknowledgement Letter of the Application Form for Taking the 2005 Chinese Medicine Practitioners Licensing Examination
(Please print your name and address.)

Name：_____

Address：_____

_____

_____

_____

只供本部填寫

_____先生/女士：

香港中醫藥管理委員會中醫組已收到你的2005年中醫執業資格試申請書。你的申請編號是_____。中醫組現正處理你的申請。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。聯絡方法如下：

電話：(852) 2121 1888
地址：香港灣仔皇后大道東213號
胡忠大廈37樓

聯絡時請註明你的申請編號。

Official use only

Dear Mr./Ms. _____ ,

The Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong acknowledges receipt of your application form for taking the 2005 Chinese Medicine Practitioners Licensing Examination. Your application number is _____. Your application is being processed. If there is any amendment to your personal particulars or you have any enquiries, please contact the Secretariat of the Chinese Medicine Council of Hong Kong as follows:

Tel No. : (852) 2121 1888
Address : 37/F Wu Chung House,
213 Queen's Road East,
Wanchai, Hong Kong.

Please quote your application number for enquiry.