

**Guidance Notes for Application for a
“Certified True Copy of Notification to Listed Chinese Medicine Practitioner”**

1. The Secretariat of the Chinese Medicine Council of Hong Kong will only issue “Certified True Copy of Notification to Listed Chinese Medicine Practitioner” to Listed Chinese Medicine Practitioner (CMP) under the following situation(s):
 - (i) the “Notification to Listed Chinese Medicine Practitioner” is lost;
 - (ii) the “Notification to Listed Chinese Medicine Practitioner” is damaged; or
 - (iii) Listed CMP needs to display the “Notification to Listed Chinese Medicine Practitioner” in more than one clinic.

2. The application must be made by the Listed CMP concerned. The application should be submitted to the Secretariat of the Chinese Medicine Council of Hong Kong in person or by a representative authorized by the applicant in writing, and the following documents must be provided:
 - (i) if the “Notification to Listed Chinese Medicine Practitioner” is lost, the original of the report of lost property issued by the Hong Kong Police Force must be provided for checking.

 - (ii) if the “Notification to Listed Chinese Medicine Practitioner” is damaged, the original of the damaged “Notification to Listed Chinese Medicine Practitioner” must be returned for the Secretariat to decide whether a certified true copy should be issued. Under normal circumstances, unless the “Notification to Listed Chinese Medicine Practitioner” is so damaged that it could not clearly show the name or listing number or contents or the stamp, the Secretariat would not issue the certified true copy.

 - (iii) if a listed CMP needs to display the “Notification to Listed Chinese Medicine Practitioner” in more than one clinic, the proof of every practising address and “Notification to Listed Chinese Medicine Practitioner” must be provided (e.g. proof from employer and Business / Branch Registration Certificate of the company / institution, or Business Registration proof showing the applicant as the holder). As the proof of practising addresses for individual CMP may be different due to different circumstances, please contact staff of the Secretariat in advance for details.

3. Before visiting the Secretariat, applicant is advised to call at 2121 1864 to make an appointment so that the responsible staff of the Secretariat will be available to process the application.

4. It is free of charge for applying “Certified True Copy of Notification to Listed Chinese Medicine Practitioner”.

5. 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

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

**Application Form for
“Certified True Copy of Notification to Listed 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 original of the “Notification to Listed Chinese Medicine Practitioner”)

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

Reason(s) for applying certified true copy: (please ✓ in the appropriate box)

To be filled in
by staff of the
Secretariat

- the “Notification to Listed Chinese Medicine Practitioner” is lost. (The original report of lost property issued by the Hong Kong Police Force must be provided)
- the “Notification to Listed Chinese Medicine Practitioner” is damaged. (The original damaged “Notification to Listed Chinese Medicine Practitioner” must be provided)
- needs to display the “Notification to Listed Chinese Medicine Practitioner” in more than one clinic. (The proof of every practising address and the “Notification to Listed Chinese Medicine Practitioner” must be provided for checking)

Practising clinic (1): _____

Practising address (1): _____

Documentary Proof (1):

- Practising proof from employer
- Employer’s Business / Branch Registration Certificate / Certified Extracts of Information on the Business Register
- Applicant’s Business / Branch Registration Certificate / Certified Extracts of Information on the Business Register
- Others (please specify): _____

Practising clinic (2): _____

Practising address (2): _____

Documentary Proof (2):

- Practising proof from employer
- Employer’s Business / Branch Registration Certificate / Certified Extracts of Information on the Business Register
- Applicant’s Business / Branch Registration Certificate / Certified Extracts of Information on the Business Register
- Others (please specify): _____

Practising clinic (3): _____

Practising address (3): _____

Documentary Proof (3):

- Practising proof from employer
- Employer’s Business / Branch Registration Certificate / Certified Extracts of Information on the Business Register
- Applicant’s Business / Branch Registration Certificate / Certified Extracts of Information on the Business Register
- Others (please specify): _____

(If there is insufficient space, please use a separate sheet and put down your signature and state the date)

Signature of Applicant: _____ Date: _____

Signature of Applicant / Authorized Person
for collection of certified true copy (ies): _____ Date: _____