

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

中醫註冊及執業證明書申請表  
Application Form  
for Registration as Registered Chinese Medicine Practitioner  
and 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

此申請表只供已接獲香港中醫藥管理委員會中醫組通知  
可申請註冊的人士使用。

This application form is only for the use of applicants who have received  
notification for registration from the Chinese Medicine Practitioners Board of  
the Chinese Medicine Council of Hong Kong.

(申請人可保留「申請表填寫指引」。)  
(Applicants may retain the 'Guidance Notes on Completing the Application Form'.)

# 中醫註冊及執業證明書申請表填寫指引

填寫申請表前，必須先閱讀以下指引。

申請人可保留申請表填寫指引。

## 重要事項

1. 遞交申請表的期限：申請人須在香港中醫藥管理委員會中醫組訂明的註冊申請期內遞交申請。如申請人未能在申請期內遞交申請，可於下一期或其後的申請期遞交。
2. 遞交申請表方法：申請人可將填妥的申請表、申請費用和有關資料及文件，郵寄至香港中醫藥管理委員會秘書處，或於辦公時間內前往委員會秘書處遞交。如以郵寄方式遞交，則以郵戳日期作為交表日期。為免郵誤，申請人可以掛號郵件投遞申請。

委員會秘書處地址及辦公時間如下：

地址： 香港灣仔皇后大道東 213 號胡忠大廈 22 樓 2201 室

辦公時間： 星期一至五上午九時至下午五時三十分；  
星期六、日及公眾假期休息。

3. 申請人在遞交申請表時，須附有填寫了註冊申請費用港幣 1,020 元的劃線支票或銀行本票。支票或銀行本票抬頭須寫上“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及表列中醫編號（如申請人是表列中醫）；申請費用亦可以採用繳費靈透過音頻電話或互聯網繳付<sup>1</sup>。請勿以現金繳交費用。
4. 申請人如希望在成為註冊中醫後在香港作中醫執業，便須同時申請執業證明書，並附上填寫了申請費用港幣 1,330 元的劃線支票或銀行本票。支票或銀行本票抬頭須寫上“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及表列中醫編號（如申請人是表列中醫）；申請費用亦可以採用繳費靈透過音頻電話或互聯網繳付<sup>2</sup>。請勿以現金繳交費用或以同一張支票/本票同時繳付註冊申請費及執業證明書申請費。如申請人的註冊申請不獲批准，其執業證明書申請費將獲退還。
5. 請注意，只有持有有效執業證明書的註冊中醫，才可在香港作中醫執業。執業註冊中醫如在註冊後六個月仍未申領執業證明書，香港中醫藥管理委員會中醫組可將其姓名從註冊名冊內刪除。執業證明書的有效期一般為三年。

## 一般事項

6. 請用黑色原子筆或墨水筆填寫表格。

<sup>1</sup>中醫藥管理委員會的商戶編號是“9708”，繳付註冊申請費用的帳戶編號為申請人中醫執業資格試申請編號的 8 位數字(例：申請編號為 E2010XXXX 的申請人的帳戶編號為 2010XXXX)。表列中醫申請人需於其 5 位數字的表列編號前加上“9”字作為其繳付註冊申請費用的帳戶編號(例：表列編號為 LOXXXX 的申請人的帳戶編號為 90XXXX)，申請人亦可致電秘書處查詢(電話：2121 1888)。如需查詢繳費靈其他資料，請瀏覽 ppskh.com 或致電 24 小時 PPS 錄音熱線 90000222328。

<sup>2</sup>如申請人的註冊申請獲批准，申請人將會獲發一個註冊編號。繳付執業證明書申請費用的帳戶編號為申請人 6 位數字的註冊編號，詳情可致電秘書處查詢(電話：2121 1888)。

7. 申請人須填妥申請表各部分。甲部的中英文註冊地址會記錄在中醫註冊名冊內，並會刊登於憲報及香港中醫藥管理委員會互聯網網頁。申請人必須填寫乙部的各項聲明。
8. 請以中文及英文正楷填寫申請表格的甲部，請以中文或英文正楷填寫申請表格的乙部和丙部。
9. 申請人如未能提供所需的所有資料，或所填寫的資料不足，申請將不會受理。
10. 申請人應保留一份填妥的申請表副本，以備參考。
11. 遞交申請表後，如欲更改或查詢個人資料，請與香港中醫藥管理委員會秘書處聯絡(電話號碼: 2121 1888)。
12. 如申請表空位不敷填寫，請另頁填寫，並在申請表有關部分註明。申請人須在附頁上清楚寫上姓名、表列中醫編號（如申請人是表列中醫）及簽署，然後將附頁釘附在申請表內。

## 填寫各項目指引

### 姓名

13. 請依照香港身份證上的中英文姓名填寫。

例如：

	鍾	依施
(中文姓名)	姓氏	名字
	CHUNG YEE SEE	
(英文姓名)	Surname	Other name(s)

如申請人的別名已載於香港入境處發出的登記事項證明書或有關證明上，可將別名一併填寫，並請隨申請表提交有關證明的副本。所填報的姓名和別名將記錄在中醫註冊名冊內，並會刊登於憲報及香港中醫藥管理委員會互聯網網頁。

### 香港身份證/護照/旅行證件號碼及出生日期

14. 請填上香港身份證號碼（包括括號( )內的號碼)例如：A123456(7) 及出生日期。沒有香港身份證的申請人，請填上護照/旅行證件號碼及有關的簽發機關名稱。申請人須夾附有關證明的副本。

### 表列中醫編號

15. 如申請人是表列中醫，須填寫其表列中醫編號。表列中醫編號是指表列中醫須在執業地點展示由香港中醫藥管理委員會中醫組發出的「表列中醫通知書」上所列明的表列中醫編號。

### 申請成為註冊中醫的資格

16. 請根據中醫組發出的通知，在適當的方格內劃上✓號，以顯示申請人循何種途徑取得申請

成為註冊中醫的資格。需要參加註冊審核或執業資格試的表列中醫，應在通過註冊審核或執業資格試並接獲中醫組通知合格後，才作出申請。請提交你的註冊審核或執業資格試成績通知單副本。

17. 請注意，任何表列中醫如獲接納成為註冊中醫，或其註冊申請已被中醫組拒絕，其姓名均會從表列中醫名單上刪除。

## 註冊地址

18. 請填寫你的中醫執業地址。如你有多於一處執業地點，請填寫你的主要執業地址。這地址會記錄在中醫註冊名冊內，並會刊登於憲報及委員會互聯網網頁。中文和英文的地址都必須填寫。
19. 這地址會用作聯絡申請人，所有有關通知書及證明書均會寄往該地址。根據《中醫藥條例》第 56(2)條的規定，如四個月內，按註冊名冊內的地址不能聯絡有關註冊中醫，中醫組可從註冊名冊內刪除其姓名。申請人如更改其地址，必須儘快通知秘書處。

## 通訊地址

20. 如你選擇用另一個通訊地址接收秘書處的文件，請在此處填寫。中文和英文的地址都必須填寫。

## 聲明

21. 申請人必須簽署此項聲明及在適當位置填上日期。
22. 如提供虛假/誤導性資料，申請人的註冊資格可被取消。所繳付的申請費用，概不發還。另外，根據《中醫藥條例》第 107 條的規定，任何人藉作出或交出，或藉導致作出或導致交出，口頭或書面的任何虛假或有欺詐成分的申述或聲明而欺詐地促致或企圖促致其本人或任何其他人士，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。
23. 申請人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任何利益，以獲得註冊為註冊中醫。
24. 香港中醫藥管理委員會將按其認為合適的方式核實此申請表所提供的資料。

## 罪行

25. 請刪去不適用的選擇。
26. 如申請人曾在香港或其他地方被裁定犯任何可處監禁的罪行(即當時有關罪行的刑罰可達被處監禁)，無論申請人是否被判監禁或服刑，均須作出申報。請列明有關罪行的案件編號、發生日期、地點、性質及判刑。

## 專業上的失當行為

27. 申請人曾經被裁定有專業上失當行為指曾經被香港中醫藥管理委員會中醫組、其他專業組織或香港以外地方的專業組織裁定犯有專業上失當行為。
28. 如申請人曾在香港或其他地方被裁定有專業上的失當行為，須提供有關專業組織發出的有關文件。

## 個人資料的用途

29. 申請人向中醫組提交的個人資料將會用作執行《中醫藥條例》的條款。

## 個人資料的轉介

30. 申請人所提供的個人資料，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 29 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。公眾人士可在憲報上及香港中醫藥管理委員會互聯網網頁內刊登的註冊名單，查閱註冊中醫的個人資料，包括其姓名及地址等。除此之外，其他個人資料只會在有關註冊中醫本人同意，或在《個人資料(私隱)條例》所容許下，才會向其他人士披露。

## 個人資料的修改

31. 根據《個人資料(私隱)條例》第 18 條及 22 條及其附表 1 第 6 原則所述，申請人/表列中醫/註冊中醫有權查閱及修正個人資料，但查閱資料時，可能要繳交費用。申請人/表列中醫/註冊中醫的個人資料如有任何更改，須儘快向秘書處提出書面通知：

地址： 香港灣仔  
皇后大道東 213 號  
胡忠大廈 22 樓 2201 室  
香港中醫藥管理委員會秘書處收

## 申請人近照

32. 請附上三幀面積 40x50 毫米的申請人近照(在提交申請前 6 個月內拍攝的照片)。請將其中一幀照片貼於申請表上，並在另外兩幀背後寫上申請人姓名。

## 申請表的認收

33. 香港中醫藥管理委員會秘書處在收到申請表後會發出認收函。如申請人在遞交申請表後十四天仍未收到認收函，應致電香港中醫藥管理委員會秘書處查詢(電話：2121 1888)。為確保認收函可準確地寄交申請人，請申請人在認收函上(丙部)清楚寫上姓名和地址。只有獲秘書處認收的申請，才會獲得處理。

# Guidance Notes on Completing the Application Form for Registration as Registered Chinese Medicine Practitioner and Practising Certificate

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

Applicants may retain the Guidance Notes.

## Important Notes

1. Period for submission of application: Applications must be submitted to the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong within the application periods for registration as specified by the Board. Applicants who fail to submit an application within the application period, may thereafter submit their applications during the next or other application periods.
2. Submission of application: Duly completed application forms, together with the application fee and relevant documents, may be submitted to the Secretariat of the Chinese Medicine Council of Hong Kong by post or in person during office hours. For applications submitted by post, the date of the post-mark will be regarded as the submission date. Applicants may submit applications by registered post to ensure timely delivery.

The address and office hours of the Secretariat are as follows:

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

Office hours: 9:00am – 5:30pm from Monday to Friday  
Closed on Saturdays, Sundays and public holidays

3. A crossed cheque or bank draft in the amount of HK\$1,020 for the application fee for registration should be enclosed with the application form. The cheque or bank draft 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 and Listing No. (if you are a listed Chinese medicine practitioner) written at the back; the application fee for registration can also be paid by Payment by Phone Service (PPS)<sup>3</sup>. Payment by cash will not be accepted.
4. Applicants who wish to practise Chinese medicine in Hong Kong after registration as a registered Chinese medicine practitioner should also apply for a practising certificate at the same time. A crossed cheque or bank draft in the amount of HK\$1,330 for the application fee should be enclosed. The cheque or bank draft 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 and Listing No. (if you are a listed Chinese medicine practitioner) written at the back; the application fee for registration can also be paid by Payment by Phone Service (PPS)<sup>4</sup>. Payment by cash will not be accepted. Payment for the application fees for registration and practising certificate must be made by two separate cheques. If the application for registration is rejected, the application fee for a practising certificate will be refunded.

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<sup>3</sup> The merchant code for the Chinese Medicine Council of Hong Kong is “9708”. The Bill Number for payment of the application fee for registration is the 8 digits of the application number of the licensing examination (e.g. The Bill Number for applicant with application number E2010XXXX is 2010XXXX). Listed Chinese medicine practitioner applicants should add a “9” to their 5-digit Listing No. as their Bill Numbers (e.g. The Bill Number for applicant with Listing No. L0XXXX is 90XXXX). The applicants can also contact the Secretariat for enquiry (Tel: 2121 1888). For further enquiry about PPS, please visit [ppshk.com](http://ppshk.com) or call PPS 24-hour information hotline on 90000222329.

<sup>4</sup> If the application for registration is successful, the applicant will be issued with a registration number. The Bill Number for payment of the application fee for practising certificate is the 6 digits of the applicant's registration number. For enquiry, please contact the Secretariat (Tel: 2121 1888).

5. Please note that only registered Chinese medicine practitioners with valid practising certificates in force can practise Chinese medicine in Hong Kong. If a practising registered Chinese medicine practitioner does not obtain a practising certificate within 6 months after registration, the Chinese Medicine Practitioners Board of the Chinese Medicine Council may remove his name from the Register of Chinese Medicine Practitioners. A practising certificate is normally valid for 3 years.

### **General notes**

6. Please complete the application form in black ink or ball pen.
7. Please ensure that all parts in the application form are completed. The Chinese and English addresses in Section A will be entered into the Register of Chinese Medicine Practitioners, published in the Gazette and uploaded to the homepage of the Council. The declaration in Section B must be completed.
8. Section A should be completed in **both** Chinese and English. Sections B and C of the form may be completed in either Chinese or English. Please print.
9. The application will not be considered if you fail to provide all information as requested or the information supplied is inadequate.
10. You are advised to make a photocopy of the completed application form for your own reference.
11. For correction of or access to personal data after submission of the application form, please contact the Secretariat of the Council (telephone number: 2121 1888).
12. Should there be insufficient space in the application form, please use a separate sheet and indicate in the relevant part of the application form. Please put down your name, Listing No. (if you are a listed Chinese medicine practitioner) and signature on the sheet and attach it to the application form.

### **Notes on completing individual items**

#### **Name**

13. Please fill in your name in Chinese and English as shown on your Hong Kong Identity Card.

e.g.	<u>                                鍾                                依施                                </u>
	(Name in Chinese) 姓氏                                  名字
	<u>                                CHUNG                                YEE SEE                                </u>
	(Name in English) Surname                                  Other name(s)

If an alias is contained in the Certificate of Registered Particulars or other relevant documents issued by the Hong Kong Immigration Department, you may also fill in the alias. Please attach a copy of the relevant documents to this application form. The name with alias provided here will be entered into the Register of Chinese Medicine Practitioners, published in the Gazette and uploaded to the homepage of the Council.

## **Hong Kong Identity Card / Passport / Travelling Document Number and Date of Birth**

14. Please fill in your Hong Kong Identity Card Number (including the number in the bracket) e.g.: A123456(7), and the date of birth. Passport / Traveling Document Number and the issuing authority should be provided for those without Hong Kong Identity Card. Please attach a copy of the relevant proof.

## **Listing No. of Listed Chinese Medicine Practitioner**

15. Please fill in your Listing No. if you are a listed Chinese medicine practitioner. Your Listing No. is shown on the Notification to Listed Chinese Medicine Practitioner issued by the Chinese Medicine Practitioners Board of Chinese Medicine Council which you are required to display at your practising premises.

## **Eligibility for applying for registration as a registered Chinese medicine practitioner**

16. Please put a tick “✓” in the appropriate box according to the notification issued by the Chinese Medicine Practitioners Board to show the channel through which the applicant is eligible for applying for registration as a registered Chinese medicine practitioner. Listed Chinese medicine practitioners who are required to undertake the Registration Assessment or Licensing Examination should only apply after they have passed the Assessment or Examination as appropriate and received the notification of having obtained a pass issued by the Chinese Medicine Practitioners Board. Please attach a copy of your result slip of the Registration Assessment or Licensing Examination.
17. Please note that if a listed Chinese medicine practitioner has become a registered Chinese medicine practitioner, or his/her application for registration as a registered Chinese medicine practitioner has been refused by the Practitioners Board, his/her name will be removed from the list of listed Chinese medicine practitioner.

## **Registered Address**

18. Please provide your practising address. If you have more than one places for Chinese medicine practice, please provide your main practising address. The address will be entered on the Register of Chinese Medicine Practitioners, published in the Gazette and uploaded to the homepage of the Council. You must provide the address in both Chinese and English.
19. All relevant notifications and certificates will be sent to this address. Under Section 56(2) of the Chinese Medicine Ordinance, the Chinese Medicine Practitioners Board may order the removal from the Register the name of any person who cannot be contacted within 4 months at the address as recorded in the Register. You should therefore notify the Secretariat of any change of address as soon as possible.

## **Correspondence Address**

20. If you choose to use another address to receive correspondence from the Secretariat, please provide the address here in both Chinese and English.



## **Declaration**

21. You must sign the declaration and put down the date at the appropriate space.
22. Presentation of false/misleading information may lead to disqualification from registration, and the application fee will not be refunded. Under 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.
23. No applicant may offer any advantage to any member of the Council, its committees and boards or the staff of the Secretariat in order to procure himself to be registered as a registered Chinese medicine practitioner.
24. The Council may verify the information provided on this application form in any manner as it deems fit.

## **Offence**

25. Please delete as inappropriate.
26. If you have been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment (i.e. at the time of commission of the offence, the penalty of the offence could lead to imprisonment). Regardless whether a sentence of imprisonment had been imposed or served, please give details including the case number, date, place, nature of the offence and the sentence.

## **Misconduct in a professional respect**

27. "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.
28. If you have been found guilty of misconduct in a professional respect in Hong Kong or elsewhere, you should provide the relevant documents issued by the professional bodies concerned.

## **Use of personal data**

29. The personal data given to the Chinese Medicine Practitioners Board will be used to implement the provisions of the Chinese Medicine Ordinance.

## **Transfer of personal data**

30. The personal data you provide are mainly for use within the Council, but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purpose mentioned in paragraph 29. The public can have access to the personal data of registered Chinese medicine practitioners, including the names and addresses, etc. published in the list of

registered Chinese medicine practitioners in the Gazette and the homepage of the Chinese Medicine Council. Apart from these, your other personal data will only be disclosed where you have given consent to such disclosure or where such disclosure is permitted by the Personal Data (Privacy) Ordinance.

### **Correction of personal data**

31. Applicants/listed Chinese medicine practitioners/registered Chinese medicine practitioners 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/listed Chinese medicine practitioners/registered Chinese medicine practitioners should notify the Secretariat in writing as soon as possible.

Address: The Secretariat of the Chinese Medicine Council of Hong Kong  
Room 2201, 22/F, Wu Chung House,  
213 Queen's Road East,  
Wanchai, Hong Kong.

### **Recent photographs of applicant**

32. 3 recent photographs in 40 x 50 mm should be enclosed with your application. (The photographs should be taken within 6 months before the submission of application.) Please affix one photograph to the application form and write your name at the back of the other two photographs.

### **Acknowledgement of receipt of application form**

33. Upon receipt of your application, the Secretariat of the Council will issue an acknowledgment letter. If you do not receive an acknowledgement letter within 14 days after submission of the application form, please contact the Secretariat of the Council at 2121 1888. Please print your name and address in the acknowledgement letter (Section C) to ensure that the letter can be sent to the correct address. Only applications that have been acknowledged by the Secretariat will be processed.

香港中醫藥管理委員會  
Chinese Medicine Council of Hong Kong  
中醫註冊及執業證明書申請表  
Application Form for Registration as  
Registered Chinese Medicine Practitioner and Practising Certificate  
香港法例第 549 章  
《中醫藥條例》  
第 68 條及 76 條  
Chinese Medicine Ordinance (Chapter 549)  
Sections 68 & 76

申請人在填寫申請表時，可根據各項目左邊方格內的數字，參考申請表指引內的有關段落。  
Applicants may refer to the relevant paragraphs of the guidance notes as indicated in the boxes to the left of each item.

	<b>甲部 申請人個人資料</b> <b>Section A Personal Particulars of Applicant</b>	(只供內部填寫 official use only)																
13	<p>中文姓名 (Name in Chinese)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 35%; border-bottom: 1px solid black;"></td> <td style="border: none; width: 65%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: none; text-align: center;">姓氏</td> <td style="border: none; text-align: center;">名字</td> </tr> </table> <p>別名 (Alias)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 35%; border-bottom: 1px solid black;"></td> <td style="border: none; width: 65%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: none; text-align: center;">姓氏</td> <td style="border: none; text-align: center;">名字</td> </tr> </table> <p>(註：別名必須已載於香港入境處發出的登記事項證明書或有關證明上，並請附上有關證明的副本。)</p> <p>Name in English (英文姓名)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 35%; border-bottom: 1px solid black;"></td> <td style="border: none; width: 65%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: none; text-align: center;">Surname</td> <td style="border: none; text-align: center;">Other name(s)</td> </tr> </table> <p>Alias (別名)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 35%; border-bottom: 1px solid black;"></td> <td style="border: none; width: 65%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: none; text-align: center;">Surname</td> <td style="border: none; text-align: center;">Other name(s)</td> </tr> </table> <p>(Note: The alias must have been shown on the Certificate of Registered Particulars or other relevant documents issued by the Hong Kong Immigration Department, a copy of which should be attached.)</p>			姓氏	名字			姓氏	名字			Surname	Other name(s)			Surname	Other name(s)	
姓氏	名字																	
姓氏	名字																	
Surname	Other name(s)																	
Surname	Other name(s)																	
14	<p>香港身份證 / 護照 / 旅行證件號碼 * (請附上有關證明文件副本。) Hong Kong Identity Card / Passport / Travelling Document No. * (Please attach a copy of the relevant document)</p> <p style="text-align: right;">簽發機關</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 45%; border-bottom: 1px solid black;"></td> <td style="border: none;">Issuing Authority _____</td> </tr> </table> <p>出生日期                      <table style="display: inline-table; border: none;"><tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr></table>                      <table style="display: inline-table; border: none;"><tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr></table>                      <table style="display: inline-table; border: none;"><tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr></table> Date of Birth                      日 Day                      月 Month                      年 Year</p>		Issuing Authority _____															
	Issuing Authority _____																	
15	<p>表列中醫編號 (只適用於表列中醫) Listing No. of Listed Chinese Medicine Practitioner (only applicable to Listed Chinese Medicine Practitioner)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; border-bottom: 1px solid black;"></td> <td style="border: none; width: 50%; border-bottom: 1px solid black;"></td> </tr> </table>																	

(\* 將不適用者刪去)

(\* Delete as inappropriate)

本人，現申請註冊成為註冊中醫，並在獲得註冊後  
I, hereby apply for registration as a registered Chinese medicine practitioner  
and

(只供內部填寫  
official use only)

- \* 申領  
apply 執業證明書 (註)。  
for a practising certificate upon registration  
(Note).
- \* 不申領  
do not apply

(註：根據《中醫藥條例》第 56 及 76 條，只有持有有效執業證明書的註冊中醫，才可在香港作中醫執業。屬須領取執業證明書的註冊中醫如在註冊後六個月仍未申領執業證明書，中醫組可將其姓名從中醫註冊名冊內刪除。)

(Note: According to sections 56 and 76 of the Chinese Medicine Ordinance, only registered Chinese medicine practitioners with practising certificate in force can practise Chinese medicine in Hong Kong. If a registered Chinese medicine practitioner who is required to be the holder of a practising certificate has not obtained such a certificate for a period exceeding 6 months since he was first registered, the Chinese Medicine Practitioners Board may order the removal of his name from the Register of Chinese Medicine Practitioners.)

16-17

本人\* (只適用於非表列中醫人士)  
I\*, (only for the use of applicants who are not Listed Chinese  
Medicine Practitioners)

- # 已通過執業資格試 (《中醫藥條例》第 61(1)(a)條) 及取得合格。  
# have passed the Licensing Examination.  
(Section 61(1)(a) of the Chinese Medicine Ordinance)

(只適用於循過渡性安排申請中醫註冊的表列中醫)  
(only for the use of Listed Chinese Medicine Practitioners under  
the transitional arrangements)

- 已獲豁免參加執業資格試 (《中醫藥條例》第 93 條)。  
have been exempted from the Licensing Examination.  
(Section 93 of the Chinese Medicine ordinance)
- # 已通過註冊審核 (《中醫藥條例》第 94 條) 及取得合格。  
# have passed the Registration Assessment.  
(Section 94 of the Chinese Medicine Ordinance)
- # 已通過執業資格試 (《中醫藥條例》第 95 條) 及取得合格。  
# have passed the Licensing Examination.  
(Section 95 of the Chinese Medicine Ordinance)

(\* 請在適當的方格內劃上✓號)

(\* Please put a ✓ in the appropriate box)

(# 請提交執業資格試或註冊審核成績通知單副本)

(# Please attach a copy of your result slip of the Licensing Examination or Registration Assessment)

18-19

**註冊地址**

(請填寫你的中醫執業地址。如你有多於一處執業地點，請填寫你的主要執業地址。這地址會記錄在中醫註冊名冊內，並會刊登於憲報及香港中醫藥管理委員會互聯網網頁。)

# 香港 / 九龍 / 新界

(地區)

(街道名稱及號碼)

(屋苑名稱)

(大廈 / 座)

(樓層)

(室)

**Registered address in English**

(Please provide your practising address. If you have more than one places for Chinese medicine practice, please provide your main practising address. This address will be included in the Register of Chinese Medicine Practitioners, and published in the Gazette and the website of the Chinese Medicine Council.)

Room/Flat	Floor	Building/Block
-----------	-------	----------------

Estate	
--------	--

Number and Name of Street	
---------------------------	--

District	# HK/Kln/NT
----------	-------------

20

中文通訊地址 (如通訊地址與上列註冊地址不同，請填寫此部分)

# 香港 / 九龍 / 新界

(地區)

(街道名稱及號碼)

(屋苑名稱)

(大廈 / 座)

(樓層)

(室)

Correspondence address in English (Please fill in this part if your correspondence address is different from the above registered address):

Room/Flat	Floor	Building/Block
-----------	-------	----------------

Estate	
--------	--

Number and Name of Street	
---------------------------	--

District	# HK/Kln/NT
----------	-------------

日間聯絡電話

Daytime Contact Tele No. 

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 / 

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傳真號碼 (如有)

Fax No. (If any) 

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 / 

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(# 將不適用者刪去)

(# Delete as inappropriate)

(只供內部填寫  
official use only)

乙部 聲明  
Section B Declaration

(只供內部填寫  
official use only)

21-24

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 organisations or persons.

3. 本人明白根據《中醫藥條例》第 107 條的規定，任何人藉作出或交出，或藉導致作出或導致交出，口頭或書面的任何虛假或有欺詐成分的申述或聲明而欺詐地促致或企圖促致其本人或任何其他人士，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。

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 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.

4. 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.

日期(日/月/年)  
Date(DD/MM/YY)

申請人簽署  
Signature of Applicant

5. 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).

6. 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5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 (5), 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.

7. 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.

日期(日/月/年)  
Date(DD/MM/YY)

申請人簽署  
Signature of Applicant

25-26

8. 本人謹此聲明，

- a) 本人 # 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 # **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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(只供內部填寫  
official use only)

27-28

- b) 本人 # 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 # **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 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.)

(# 將不適用者刪去)

(# 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，無論你當時是否被判處監禁)

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



9. 本人明白如在填寫此表格一直至接獲中醫組就本註冊申請的結果通知前，在香港或其他地方被裁定犯有可處監禁的罪行或被裁定有專業上的失當行為，本人必須立即以書面形式通知中醫組，否則可被視為以欺詐手段或失實陳述取得註冊，因而有可能違反《中醫藥條例》(香港法例第 549 章)第 98(2)(c)條的有關規定。

I understand that I must report to the Chinese Medicine Practitioners Board in writing immediately if I am convicted in Hong Kong or elsewhere of any offence punishable with imprisonment or found guilty of misconduct in a professional respect during the period after submitting this application and before receiving the result of this application from the Practitioners Board. Otherwise, I shall be regarded as obtaining registration by fraud or misrepresentation, so that I could be found having contravened section 98(2)(c) of the Chinese Medicine Ordinance (Cap. 549, Laws of Hong Kong).

32

相片  
Photo

日期 (日/月/年)  
Date (DD/MM/YY)

申請人簽署  
Signature of Applicant

33

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).

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

中醫註冊及執業證明書申請表  
(認收信)

姓名： \_\_\_\_\_

地址： \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be completed by the Applicant

**Acknowledgement of Receipt of  
“Application Form for Registration  
as Chinese Medicine Practitioner  
and 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註冊及執業證明書申請表。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 registration as a registered Chinese medicine practitioner and for a 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.