

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

2018 年中醫執業資格試報名表
(適用於非表列中醫人士)
Enrolment Form for Sitting the
2018 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)

申請人必須把已填妥的申請書，於 2017 年 9 月 18 日(星期一)至 2017 年 10 月 31 日(星期二)內(包括首尾兩日)，連同報名表及申請費港幣 1,340 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。逾期申請，恕不接受。申請人亦可以繳費靈¹繳付申請費。如以掛號郵遞方式遞交申請書及報名表，則以郵戳日期為準。

重考筆試人士請於 2017 年 9 月 18 日(星期一)至 2018 年 3 月 29 日(星期四)內(包括首尾兩日)，把已填妥的報名表，連同申請費港幣 1,340 元及參加筆試的考試費港幣 2,340 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。逾期報名，恕不接受。申請人亦可以繳費靈¹繳付申請費及考試費。如以掛號郵遞方式遞交報名表，則以郵戳日期為準。

Applicants must submit the application form together with the enrolment form and the application fee of Hong Kong Dollars 1,340 to the Secretariat of the Chinese Medicine Council of Hong Kong by registered post or in person from 18 September 2017 (Monday) to 31 October 2017 (Tuesday) (inclusive). Late applications will not be accepted. Applicants may pay the application fee by using Payment by Phone Service (PPS)¹. For application forms and enrolment forms submitted by post, the post mark will be taken as the submission date.

Applicants applying to re-sit Part I of the Licensing Examination must submit the enrolment form, together with the application fee of Hong Kong Dollars 1,340 and the examination fee of Hong Kong Dollars 2,340, to the Secretariat of the Chinese Medicine Council of Hong Kong by registered post or in person from 18 September 2017 (Monday) to 29 March 2018 (Thursday) (inclusive). Late enrolments will not be accepted. Applicants may pay the application fee and examination fee by using Payment by Phone Service (PPS)¹. For enrolment forms submitted by post, the post mark will be taken as the submission date.

附註
Note

- 1: 有關繳費靈的繳費詳情，請參閱考生手冊。
- 1: Regarding the payment by using PPS, please refer to the Candidates' Handbook for details.
- 2: 此報名表只適用於根據《中醫藥條例》第 61 (1)(a)條申請參加中醫執業資格試的非表列中醫人士。
- 2: This enrolment form is only for applicants who are not listed Chinese medicine practitioners applying to take the Licensing Examination under section 61(1)(a) of the Chinese Medicine Ordinance.
- 3: 中醫執業資格試只備有中文試卷。
- 3: The Licensing Examination papers are printed in Chinese only.

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This enrolment form is only for applicants who are not listed Chinese medicine practitioners applying to take the Licensing Examination under Section 61(1)(a) of the Chinese Medicine Ordinance.

A部 付款方法
Section A Payment Method

支票 Cheque 繳費靈 PPS 請註明使用繳費靈的繳費日期:
Please fill in the PPS Payment Date: _____

B部 個人資料 (請以正楷書寫)
Section B Personal Particulars (Please write in BLOCK LETTERS)

中文姓名 Name in Chinese 英文姓名(先寫姓氏) Name in English (Surname first)

香港身份證號碼
Hong Kong Identity Card No. (如適用者) (If applicable)

護照/身份證明文件號碼
Passport/ Identification Document No. (本欄供沒有香港身份證的申請人填寫)
(for applicants without Hong Kong Identity Card)

護照/身份證明文件種類 簽發機關
Passport/ Identification Document Type Issuing Authority
(本欄供沒有香港身份證的申請人填寫)
(for applicants without Hong Kong Identity Card)

C部 考試紀錄 (本部僅供重考/補考人士填寫)
Section C Record of Examination (For candidates applying for re-sitting or making up the examination only)

本人曾經參加中醫執業資格試，並於以下試卷取得合格成績：
I have taken the Chinese Medicine Practitioners Licensing Examination before and obtained a pass in the following paper:

考試年份
Examination Year

筆試卷一取得合格成績 _____
A pass in Paper 1 of the Written Examination

筆試卷二取得合格成績 _____
A pass in Paper 2 of the Written Examination

請在適當方格內加上「✓」號。 Please "✓" in the appropriate box.
附註：中醫執業資格試只備有中文試卷。 Note: The Licensing Examination Papers are printed in Chinese only.

D部 考試部分
Section D Parts of Examination

本人現報名參加中醫執業資格試以下部分(曾於2007年或以後通過筆試其中一卷的人士，可選擇於3年內補考另一卷；除補考外，所有參加筆試人士必須同時報考筆試卷一及卷二。):

I apply to enrol in the following part(s) of the Chinese Medicine Practitioners Licensing Examination (Candidates who pass either paper of the Written Examination in or after 2007 may choose to make up the other paper within 3 years. Other than repeaters, all candidates applying for the Written Examination must enrol in both Paper 1 and Paper 2.):

第I部分 — 筆試

Part I — Written Examination

請選擇應考的試卷:

Please choose the paper for sitting the Written Examination:

- 卷一及卷二 卷一 卷二
Paper 1 and Paper 2 Paper 1 Paper 2

請選擇應考筆試的地區:

Please choose the area for sitting the Written Examination:

- 香港 九龍
Hong Kong Kowloon

(不能保證所有考生均會獲分派到其選擇地區。)

(There is no guarantee that all candidates will be allocated to the area of their choices.)

第II部分 — 臨床考試

Part II — Clinical Examination

請選擇應考臨床考試的語言:

Please choose the language for the Clinical Examination:

- 粵語 普通話
Cantonese Putonghua

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

申請人簽署
Applicant's Signature

日期
Date

如申請人的通訊地址、聯絡電話、傳真號碼或電郵地址有所更改，請填寫E部。請填寫中英文地址。

If there is a change in the applicant's correspondence address, telephone number, fax number or e-mail address, please complete Section E. Please complete the address in both Chinese and English.

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

E部 更改地址、電話號碼、傳真號碼或電郵地址
Section E Change of Address, Telephone Number, Fax Number or E-mail Address

姓名 申請編號
 Name Application No.

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)

日間聯絡電話號碼 - -
 Day Time Contact Telephone No. - -

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

傳真號碼 - -
 Fax No. - -

國家號碼 區域字頭
 Country Code Area Code

電郵地址
 E-mail Address

請在認收信上填寫申請人姓名和地址。

Please fill in applicant's name and address on the acknowledgement letter.



F部 認收信
Section F Acknowledgement Letter

由申請人填寫

2018 年中醫執業資格試報名表
認收信
(請填上你的姓名和地址)

姓名： _____

地址： _____

To be Completed by the Applicant

**Acknowledgement of the
Enrolment Form for Sitting the
2018 Chinese Medicine Practitioners
Licensing Examination**
(Please print your name and address)

Name : _____

Address : _____

只供內部填寫

_____ 先生/女士：

香港中醫藥管理委員會中醫組已收到你的 2018 年中醫執業資格試報名表。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：(852) 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 enrolment form for sitting the 2018 Chinese Medicine Practitioners Licensing Examination. Your application is being processed and your application number is _____. If there is any amendment to your personal data 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 : Rm 2201, 22/F,
Wu Chung House,
213 Queen's Road East,
Wanchai, Hong Kong.

Please quote your application number when making enquiry.