

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

2019 年中醫執業資格試報名表
(適用於表列中醫)
Enrolment Form for Sitting the
2019 Chinese Medicine Practitioners Licensing Examination
(For 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報名表，於 2018 年 9 月 17 日(星期一)至 2019 年 3 月 29 日(星期五)內(包括首尾兩日)，連同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 enrolment form together with the Written 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 17 September 2018 (Monday) to 29 March 2019 (Friday) (inclusive). Late enrolments will not be accepted. Applicants may pay the 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.

請沿虛線剪下及保留「報名表填寫指引」。

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

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: 有關收集個人資料的目的、轉介、查閱及修改，請參閱考生手冊。
- 2: Regarding to the purpose of collecting, transfer and access of personal data, please refer to the Candidates' Handbook for details.

- 3: 此報名表只適用於根據《中醫藥條例》第 61(1)(b)條須參加中醫執業資格試的表列中醫。
- 3: This enrolment form is for listed Chinese medicine practitioners who are required to take the Licensing Examination under section 61(1)(b) of the Chinese Medicine Ordinance.

- 4: 中醫執業資格試只備有中文試卷。
- 4: The Licensing Examination papers are printed in Chinese only.

表列中醫填寫中醫執業資格試報名表的注意事項

填寫前，請先閱讀以下填表指引。

報名參加中醫執業資格試

1. 申請人必須於中醫組指定的報名期 [2018年9月17日(星期一)至2019年3月29日(星期五)] 內，把已填妥的報名表及參加筆試的考試費用，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」)。逾期報名，恕不接受。如以掛號郵遞方式遞交報名表，則以郵戳日期為準。
2. 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 2019 年 6 月舉行。中醫組將於 2019 年 4 月上旬，在香港中醫藥管理委員會網頁公布及以書面通知考生舉行筆試的確實日期。香港考試及評核局(下稱「考評局」)會於 2019 年 5 月下旬將印有筆試日期、時間及地點的准考證及考生須知等資料郵寄給考生。
3. 第 II 部分臨床考試暫定於 2019 年 8 月舉行。考生必須於中醫執業資格試第 I 部分筆試取得合格成績，才有資格報名參加第 II 部分臨床考試。筆試結果將於 2019 年 6 月下旬以書面通知考生，在筆試(包括卷一及卷二)取得合格的考生，可報名參加臨床考試。在確定臨床考試人數後，考評局將以電腦抽籤的方式編排考試日期及時間，然後於 2019 年 7 月下旬將印有臨床考試日期、時間及地點的准考證及考生須知等資料郵寄給考生。
4. 中醫組保留更改考試日期的權利。

考試費

5. 考試費如下：

第 I 部分—筆試 ： \$2,340

第 II 部分—臨床考試 ： \$3,550

(註：費用如有變更，將於管委會網頁公布)

6. 申請人在遞交報名表時，須附有一張已填寫筆試考試費港幣 2,340 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及表列中醫編號。申請人亦可以繳費靈¹繳付考試費。切勿郵寄現金。

7. 考生在筆試取得合格成績，才須繳交臨床考試費。
8. 在任何情況下，申請人已繳付的考試費不會獲得發還或轉作其他用途。
9. 任何人士如重考中醫執業資格試的任何部分，均須繳交當時訂明的考試費。報名補考筆試其中一卷，亦須繳交全部筆試費用。

一般事項

10. 請用黑色墨水筆或原子筆填寫報名表。
11. 請填妥報名表內各項資料。
12. 請以正楷中文或英文填寫報名表。
13. 請附上二幀不大於 50x60 毫米，亦不少於 40x50 毫米的申請人近照(在提交報名表前 6 個月內拍攝的照片)。其中一幀照片須貼於報名表上，另一幀相片背面須寫上申請人的姓名及表列中醫編號。
14. 申請人須於報名表的右上角填上其表列中醫編號。
15. 中醫執業資格試只備有中文試卷。第 II 部分臨床考試以粵語進行，如有需要，考生可申請用普通話。請選擇應考臨床考試的語言。
16. 申請人如未能提供所需的所有資料，其報名將不獲受理。
17. 申請人應保留一份填妥的報名表副本，以備參考。

通訊地址

18. 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的通訊地址。申請人的住址、通訊地址、電話號碼、傳真號碼或電郵地址如有變更，必須立即通

1: 有關繳費靈的繳費詳情，請參閱考生手冊。



知秘書處（電話號碼：2121 1888，傳真號碼：2121 1898，電郵地址：exam@cmchk.org.hk）。

遞交報名表

19. 申請人必須把已填妥的中醫執業資格試報名表連同考試費用，於報名期〔**2018年9月17日(星期一)至2019年3月29日(星期五)**〕內以掛號郵寄方式送達秘書處(如截止日期當天因天文台發出八號或以上的熱帶氣旋警告或黑色暴雨警告，截止日期將順延至下一個工作日)。切勿郵寄現金。逾期報名，恕不接受。
20. 申請人亦可在中醫組指定的報名期內親身前往秘書處遞交報名表。
21. 考評局將在考試前把准考證及考生須知郵寄給考生。如考生在考試日期前一星期仍未收到該等文件，請致電考評局查詢。
22. 考生必須在第 I 部分筆試(包括卷一及卷二)取得合格成績，才有資格報名參加第 II 部分臨床考試。筆試合格成績可保留 5 年，如考生於 5 年內未能通過臨床考試，便須重考及通過筆試(包括卷一及卷二)，才有資格參加臨床考試。
23. 由 2007 年起計，首次參加*筆試的人士必須同時報考卷一及卷二。若考生於 2007 年或以後於筆試其中一卷取得合格成績，便可保留該卷的合格成績 3 年及選擇補考另一卷，但考生必須於 3 年內補考*另一卷並取得合格，否則，便須重考筆試(包括卷一及卷二)。除補考外，所有參加筆試的人士必須同時報考卷一及卷二。如考生於筆試報考兩卷，可以兩卷或單卷總分計算合格成績。凡於同一筆試以兩卷總分計算取得合格，或於 2007 年或以後於 3 年內分別取得兩卷合格，即通過筆試。如考生報名重考/補考中醫執業資格試筆試，只須填妥中醫執業資格試報名表(表格 LE2)，並清楚註明申請重考/補考的考試部分。報名重考/補考中醫執業資格試的任何部分，均須繳交訂明的考試費。報名補考筆試其中一卷，亦須繳交全部筆試費用。

(*此項規定內有關“首次參加”或“補考”筆試的定義並不計算考生於 2007 年前參加筆試的次數及成績，即所有於 2007 年參加筆試的人士，均視作首次參加筆試，而只有於 2007 年或以後通過筆試其中一卷的考生，方可於 3 年內補考另一卷。)
24. 於截止日期後收到及未有繳付訂明費用的報名表均不會被接納及處理。



認收信

25. 報名表必須於中醫組指定的報名期〔**2018年9月17日(星期一)至2019年3月29日(星期五)**〕內送達秘書處(如截止日期當天因天文台發出八號或以上的熱帶氣旋警告或黑色暴雨警告，截止日期將順延至下一個工作日)。秘書處在收到報名表後，會發出註有申請編號的認收信。如申請人在遞交報名表後兩星期仍未收到認收信，請立即致電 2121 1888 與秘書處聯絡。為了避免郵遞延誤，申請人須在認收信表格上清楚填寫姓名和地址。只有已獲秘書處認收的報名表，才會獲得處理。

來函或查詢

26. 報名表及所有來函，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 22 樓 2201 室
 ： 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 ： 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)



Guidance Notes for Listed Chinese Medicine Practitioners on Completing the Enrolment Form for Sitting the Chinese Medicine Practitioners Licensing Examination.

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

Enrolment in the Chinese Medicine Practitioners Licensing Examination

1. Applicants must submit the enrolment form together with the fee for taking Part I – Written Examination to the Secretariat of the Chinese Medicine Council of Hong Kong (the Secretariat) by registered post or in person **from 17 September 2018 (Monday) to 29 March 2019 (Friday) (inclusive)**. Late enrolments will not be accepted. For enrolment forms submitted by post, the post mark will be taken as the submission date.
2. The Licensing Examination consists of two parts, viz. Part I – Written Examination and Part II – Clinical Examination. The Part I – Written Examination will be held in June 2019 (tentative). The Practitioners Board will announce the dates of the Part I Written Examination on the website of the Chinese Medicine Council of Hong Kong (the Council) and notify candidates by mail in early April 2019. The Hong Kong Examinations and Assessment Authority (HKEAA) will mail Admission Forms printed with the dates, time and location of the Written Examination, and the Instructions to Candidates to the candidates around late May 2019.
3. The Part II – Clinical Examination will be held in August 2019 (tentative). Only candidates who pass the Part I Written Examination are eligible for undertaking the Part II Clinical Examination. Candidates will be notified of the results of the Part I Written Examination in late June 2019. Candidates who pass the Written Examination (including Paper 1 and Paper 2) may then apply for the Clinical Examination. The date and time of the Clinical Examination will be assigned on a random basis by the computer after the number of candidates is confirmed. The HKEAA will mail Admission Forms printed with the date, time and location of the Clinical Examination, and the Instructions to Candidates to the candidates around late July 2019.
4. The Chinese Medicine Practitioners Board (the Practitioners Board) reserves the right to change the dates of the examination.

Examination Fees

5. The examination fees are as follows:

Part I – Written Examination	:	\$ 2,340
Part II – Clinical Examination	:	\$ 3,550

(Revision of the examination fees, if any, will be announced on the website of the Council)
6. A crossed cheque, bank draft or money order in the amount of the written examination fee of Hong Kong Dollars 2,340 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**” and bearing the applicant’s name and the listing number on its back should be enclosed with the enrolment form. Applicants may pay the examination fee by using Payment by Phone Service (PPS)¹. Cash should not be enclosed with the enrolment.
7. The examination fee for Part II – Clinical Examination should be paid after passing the Written Examination.
8. Under no circumstances will the examination fee be refunded or transferred for other uses.
9. Applicants applying to re-sit any part of the Licensing Examination have to pay the examination fees as prescribed. Applicants applying to make up either paper of the Written Examination have to pay the prescribed fee for the Written Examination.

General Notes

10. Please complete the enrolment form in black ink.
11. Please complete all parts of the enrolment form.
12. Please complete the enrolment form in block letters in either Chinese or English.
13. Two recent photographs not larger than 50 x 60 mm and not smaller than 40 x 50 mm taken within 6 months before submission of the enrolment form should be enclosed. Please affix one photograph to the enrolment form and write the applicant’s name and the listing number on the back of the other photograph.

1: Regarding the payment by using PPS, please refer to the Candidates’ Handbook for details.



14. Applicants should write their listing number on the top right corner of the enrolment form.
15. The examination papers are printed in Chinese only. The Part II - Clinical Examination is conducted in Cantonese. If necessary, candidates may apply for taking the Clinical Examination in Putonghua. Please indicate the choice of the language for the Clinical Examination in the enrolment form.
16. The enrolment will not be accepted if the required information is not provided.
17. Applicants should keep a photocopy of the completed enrolment form for record.

Correspondence Address

18. All notifications, letters, Admission Forms and Instructions to Candidates will be sent to the correspondence address. If there is a change in the residential address, correspondence address, telephone number, fax number or e-mail address, please notify the Secretariat immediately (telephone number: 2121 1888, fax number: 2121 1898, e-mail address: exam@cmchk.org.hk).

Submission of Enrolment Forms

19. Applicants must submit the enrolment form together with the examination fee to the Secretariat by registered post **from 17 September 2018 (Monday) to 29 March 2019 (Friday) (inclusive)** (If Tropical Cyclone Warning Signal No. 8 or above or a Black Rainstorm Warning Signal is issued by the Hong Kong Observatory on the deadline of the application period, the closing date for application will be postponed to the following working day.). Cash should not be enclosed with the enrolment. Late enrolments will not be accepted.
20. Applicants may submit the enrolment in person within the enrolment period.
21. The HKEAA will mail the Admission Forms and the Instructions to Candidates to the candidates before the examination. Any candidate who does not receive the documents one week before the examination should contact the HKEAA immediately.
22. Candidates must obtain a pass in Part I – Written Examination (both Paper 1 and Paper 2) before they are eligible for taking Part II – Clinical Examination. The result of a pass in the Written Examination may be retained for 5 years. If a candidate cannot pass the Clinical Examination within 5 years, he must re-sit and pass the Written Examination (both Paper 1 and Paper 2) before he is eligible for undertaking the Clinical Examination again.



23. A candidate who applies to take the Written Examination for the first time (**counting from 2007**)* must enrol for both Paper 1 and Paper 2. A candidate who passes either of the two papers in 2007 or thereafter will be allowed to retain the pass result for 3 years and he may choose to make up the other paper. However, he must pass the other paper within 3 years, otherwise he must re-sit the Written Examination (both Paper 1 and Paper 2). Other than making up, a candidate must enrol in both Paper 1 and Paper 2. If a candidate enrolls in both papers, the passing mark will be determined on the basis of the total score of the two papers or either paper. A candidate who passes both papers in a single examination, or passes both papers within a period of 3 years after 2007 would be regarded as having passed the Written Examination. If a candidate applies to re-sit or make up the Written Examination, he should complete the enrolment form (FORM:LE2) only and state clearly the part to be taken. He should pay the prescribed examination fees. A candidate applying to make up either paper of the Written Examination has to pay the prescribed fee for the Written Examination.

(* The definitions of “taking the Written Examination for the first time” and “making up the Written Examination” do not cover the attempts and the results obtained before 2007. All candidates undertaking the Written Examination in 2007 will be regarded as taking the Written Examination for the first time. Only those candidates who pass either of the two papers of the Written Examination in or after 2007 are eligible to make up the other paper.)

24. The enrolment forms received after the close of the enrolment period and application for enrolments enclosing no fee payment will not be accepted.

Acknowledgement of Receipt of Enrolment Forms

25. The enrolment forms must reach the Secretariat from **17 September 2018 (Monday) to 29 March 2019 (Friday)** (inclusive) (If Tropical Cyclone Warning Signal No. 8 or above or a Black Rainstorm Warning Signal is issued by the Hong Kong Observatory on the deadline of the application period, the closing date for application will be postponed to the following working day.). The Secretariat will then issue acknowledgement letters and inform the applicants of their application numbers. Any applicant who does not receive the acknowledgement two weeks after submission of the enrolment forms should contact the Secretariat at 2121 1888 immediately. Please print the applicant’s name and address clearly on the acknowledgement form to avoid errors in mailing. Only acknowledged enrolments will be processed.



Correspondence or Enquiries

26. Please send the enrolment forms and all correspondences to the Secretariat's address below, and state "Licensing Examination" on the envelope:

Address : The Secretariat of the Chinese Medicine Council of
Hong Kong
Rm 2201, 22/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. - 5:30p.m. (Monday to Friday)
(Closed on Saturdays, Sundays and public holidays)



香港中醫藥管理委員會

The Chinese Medicine Council of Hong Kong

2019年中醫執業資格試報名表(適用於表列中醫)

Enrolment Form for Sitting the 2019 Chinese Medicine Practitioners Licensing Examination
(For Listed Chinese Medicine Practitioners)

香港法例第549章《中醫藥條例》

Chinese Medicine Ordinance (Cap. 549)

此報名表只適用於根據《中醫藥條例》第61(1)(b)條須參加中醫執業資格試的表列中醫。

This enrolment form is for listed Chinese medicine practitioners who are required to take the Licensing Examination under section 61(1)(b) 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)

表列中醫編號

Listing No.

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香港身份證號碼

Hong Kong Identity Card No.

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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 Examinations 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
Paper 1 and Paper 2
- 卷一
Paper 1
- 卷二
Paper 2

請選擇應考筆試的地區:

Please choose the area for sitting the Written Examination:

- 香港
Hong Kong
- 九龍
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
Cantonese
- 普通話
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 表列中醫編號
Name Listing 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)

*香港/九龍/新界

地區 (District)

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) *HK/Kln/NT

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

傳真號碼 (Fax No.)

電郵地址
E-mail Address

(*將不適用者刪去)

(*Delete as appropriate)

請在認收信上填寫表列中醫編號、姓名和地址。
Please fill in listing number, name and address on the acknowledgement letter.



F 部 認收信
Section F Acknowledgement Letter

由申請人填寫

2019 年中醫執業資格試報名表

認收信

(請填上你的表列中醫編號、姓名和地址)

表列中醫編號： _____

姓名： _____

地址： _____

To be Completed by the Applicant

**Acknowledgement of the
Enrolment Form for Sitting the
2019 Chinese Medicine Practitioners
Licensing Examination**

(Please print your listing number,
name and address)

Listing No. : _____

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 2019 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 2019 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.

