



**C部 第II部分臨床考試**  
**Section C Part II – Clinical Examination**

在第 I 部分筆試中取得合格的考生，才可參加第 II 部分臨床考試。

Candidates who have passed Part I – Written Examination are eligible for taking Part II – Clinical Examination.

本人已於 \_\_\_\_\_ (年份) 在第 I 部分筆試中取得合格，考試的申請編號  
是 \_\_\_\_\_。

I passed Part I – Written Examination in \_\_\_\_\_ (Year) and my application number  
is \_\_\_\_\_.

**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D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 D. Please complete the address in both Chinese and English.

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

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

姓名 Name \_\_\_\_\_ 申請編號 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. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

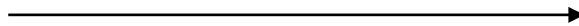
傳真號碼 Fax No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

國家號碼 Country Code      區域字頭 Area Code

電郵地址 E-mail Address \_\_\_\_\_

請在認收信上填寫申請編號、申請人姓名和地址。

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



**E部 認收信**  
**Section E Acknowledgement Letter**

由申請人填寫

**2018 年中醫執業資格試**  
**第 II 部分臨床考試報名表認收信**  
(請填上你的申請編號、姓名和地址)

申請編號： \_\_\_\_\_

姓名： \_\_\_\_\_

地址： \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be Completed by the Applicant

**Acknowledgement of the  
Enrolment Form for Sitting the  
2018 Chinese Medicine Practitioners  
Licensing Examination –  
Part II Clinical Examination**  
(Please print your application number,  
name and address)

Application 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 2018 年中醫執業資格試第 II 部分臨床考試報名表。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 – Part II Clinical 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.

