

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

2019 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
2019 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 2019 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 2019 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.

