

Application Form for Practising Privileges for Chinese Medicine Practitioners

中醫師申請醫院行醫權表格

Please note 請注意:

1. Only Registered Chinese Medicine Practitioners registered with the Chinese Medicine Council of Hong Kong (CMCHK) are allowed to practise Chinese medicine in CUHK Medical Centre (CUHKMC). 唯香港中醫藥管理委員會註冊中醫方獲授權於香港中文大學醫院(下稱「中大醫院」)以中醫藥學行醫。
2. Practice right (with no admission right) will be granted to Registered Chinese Medicine Practitioners. In the event the patients under your care need admission to CUHKMC, you may refer them to the Specialist Doctor (in the relevant specialty) with admission right granted by CUHKMC for further arrangement. 獲授權的註冊中醫可在中大醫院以中醫藥學行醫，但若你的病人需要安排入院，則必須由已獲中大醫院授予收病人入院權的相關專科醫生安排入院。
3. You should obtain consent from patients in CUHKMC for any Chinese medicine treatment and procedures. 你必須得到你的病人的同意下方可於中大醫院以中醫藥學行醫。
4. CUHKMC reserves the right to grant particular types of privileges, and all approved privileges are subject to review by CUHKMC. 中大醫院保留是否批予某指定行醫權的申請，及審核所有已獲批予的行醫權的權利。

(1) Personal Particulars 個人資料:

Name of Applicant 申請人姓名: _____

HKID No. 香港身份號碼: _____

Registration No. under CMCHK

香港中醫藥管理委員會註冊編號: _____

Contact No. 聯絡電話: _____

(2) Practising Privileges Applied For 行醫權申請:

Chinese Medicine 中醫藥學	Privileges applied by applicant 由申請人作出的 行醫權申請	Privileges granted by CUHKMC 獲中大醫院 授予的行醫權
Consultation 內科問診	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture 針灸	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedics, Traumatology and Tuina Therapy 推拿骨傷	<input type="checkbox"/>	<input type="checkbox"/>
Cupping therapy 拔罐	<input type="checkbox"/>	<input type="checkbox"/>
Plum-blossom needle therapy 梅花針治療	<input type="checkbox"/>	<input type="checkbox"/>
Auriculotherapy 耳穴	<input type="checkbox"/>	<input type="checkbox"/>
Blood-letting therapy 刺絡放血治療	<input type="checkbox"/>	<input type="checkbox"/>
Oral Chinese medicine 口服中藥	<input type="checkbox"/>	<input type="checkbox"/>
Topical Chinese medicine 外敷膏藥	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify) 其他(請註明):	<input type="checkbox"/>	<input type="checkbox"/>

(For CUHKMC use only 供院方專用)

Approved by:	Name 姓名	Signature 簽署	Date 日期

(3) Declaration 聲明:

I hereby declare that I have not violated any offence of professional misconduct nor convicted by the Chinese Medicine Council of Hong Kong; and I am not subject to and involved in any disciplinary enquiry, action nor hearing at the material time. 本人謹此聲明本人從未觸犯或被香港中醫藥管理委員會裁定觸犯任何專業方面的失當行為。同時，本人亦聲明本人現在並沒有牽涉於任何紀律研訊或裁決當中。

I understand that CUHKMC reserves the right to suspend or withdraw the privileges granted to me. 本人了解中大醫院保留吊銷或撤回任何已獲授予的行醫權的權利。

Signature 簽署: _____

Date 日期: _____