



FTCMP REGISTRATION FORM

英国中医师学会入会申请登记表

1. Personal Profile (* required fields) 个人基本资料 (带*为必填项)

*First Name 名字		*Surname 姓	
*Gender 性别		*Date of Birth 出生日期	
*Nationality 国籍			
*Home Address 家庭地址		Address. 邮寄地址 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Post Code		
Home Telephone 家庭电话			
*Mobile Phone 移动电话			
*Workplace /Company Name 工作单位	<input type="checkbox"/> Employer 雇主 <input type="checkbox"/> Employee 雇员 <input type="checkbox"/> Self-employed 自雇		
*Practice Address 工作地址		Address. 邮寄地址 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Post Code		
*Work Telephone 工作电话			
*Email Address 电子邮箱			

2. Academic Background 学术背景资料

*University/College 毕业院校			
*Subject/Speciality 所学专业		*Graduation Date 毕业时间	
*Qualifications 最高学历		*Job Title 最高职称	
*Occupation/Work Experience and Academic Achievement 工作经历及学术成就			

3. Membership Application Data 会员申请资料

*Referee One 介绍人姓名		Position 会内职务		Contact Detail(s) 联系方式	
*Referee Two 介绍人姓名		Position 会内职务		Contact Detail(s) 联系方式	
Membership in other Professional Body – Please state 其它学会会员 (转会者必填)					
*Current Professional Insurance provider 是否已购买从业保险, 请注明保险公司					
*Insurance Number 保险号码					

Declaration 声明: I formally request to become an Associate Member of FTCMP and authorise FTCMP to carry out necessary inquiries in connection with this application.

Signature 本人签字 _____ Date 日期 _____

Official use only

Application checked by 核审人 1 _____

2 _____ Approval Date _____

FTCMP 英国中医师学会

THE FEDERATION OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS

Tel: +44 (0)2082954502 Email: info@ftcmp.co.uk Website: www.ftcmp.co.uk © Blog: ftcmp.blogspot.com

Address: FTCMP 82 White Horse Hill, Chislehurst, Kent, BR7 6DJ



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英国中医师学会入会申请登记表

FTCMP Application Instructions 新会员申请入会说明

1 Application process 申请程序

- Complete the FTCMP Registration Form 如实详细的填写入会申请表
- Hand in or submit your qualifications and documents 提交学历证书及相关材料
- Receive an interview offer after documents verification 等待面试通知
- Have an interview 参加面试
- Issue a certificate once you pass the interview 面试通过后等待证书发放

2 Application eligibility 申请条件

- Medical degree from a Chinese TCM University 中医药毕业证书持有者;
- Medical degree from a UK University 西医大学毕业后西学中文凭持有者;
- Master degree in TCM 中医硕士以上学位证书持有者;
- Qualified PRC Medical practitioner 拥有中国中医师资格者;
- TCM teaching qualification 医科大学中医学课程教师资格证书持有者;
- An equivalent certificate and recommendation from two TCM referees from a recognised TCM association. 执有同等学历证明, 并有两位行业专家推荐担保;
- Members transferred from other recognised TCM associations. 由其它符合以上条件之中医学会转会者。

3 Application materials 材料准备/申请所需文件材料:

- Completed Registration Form 填写完整清楚的申请表格 1 份。
- Qualifications and other supporting documents 中医学学历证书、医师资格执业证书原件(核对备查)和复印件。
- One 2-inch Passport Photo 2 寸护照照片 1 张。
- Proof of payment for application fees 提供已缴费证明

4 Interview exemption 面试豁免:

- Verified certificate, Recommendation from two Chair members 申请人资质证书经审查真实有效, 并有 2 名理事会成员推荐
- Transfer from other recognised TCM associations with recommendations from two Chair members 其它学会转会而有足够前述资质证书, 并有 2 名理事会成员推荐;
- Practitioners with a minimum of two publications from reputable TCM journals (the journals will be reviewed by the FTCMP academic department for approval). 业内有影响的中医医师(需提交至少两篇专业论文并经我会学术委员会审核)可以免试。

5 Fees 申请相关费用

- Interview fee £30.00; Registration fee £20.00 中医医师入会面试 30 英镑、档案登记费: 20 英镑。
- Interview Exemption Registration fee £20.00 面试豁免者入会档案登记费: 20 英镑。
- Annual member fee: £130.00 年度会费: 130 英镑/年度。
- Annual member fee plus TCM insurance Fee*: £230.00 年度会费加中医保险费*: 230 英镑/年度。
- Payment method 付款方式:

1, Bank Transfer (银行转账):

Bank Name: HSBC Sort Code: 40-47-17 Account Number: 02598728

Reference: your surname (Please notify us by Email once the fee(s) is paid, 转账后, 请电话或发邮件通知学会)

2, Cheque payable to: FTCMP Address: FTCMP 82 White Horse Hill, Chislehurst, Kent, BR7 6DJ

支票入账收款人: FTCMP。 邮寄地址: FTCMP 82 White Horse Hill, Chislehurst, Kent, BR7 6DJ

6 Contacts 联系人

- 赵雪静(组织部长) 电话: 07824631919/ 02089934677 邮箱: info@ftcmp.co.uk
- Xiaoying Peng, Phone: 07702184961 Email: peng@ftcmp.co.uk
- Darcy Ge, Phone: 07837867648 Email: darcy@ftcmp.co.uk

7 FTCMP Health safety and practice insurance requirements 安全和执业保险要求

- FTCMP Health and Safety codes and policies must be followed at all times. All details are available on our website at www.ftcmp.co.uk
每个临床执业的英国中医师学会会员, 须严格遵循本会会章及执业规范中关于临床安全执业的所有规定。
- Members are responsible to purchase their practice insurance. The insurance policy details must be forwarded to info@ftcmp.co.uk within the first 30 days of the membership.
凡本会临床执业的会员必须购买并持有有效的执业保险, 请务必于获得会员资格的 30 天内将保险信息发送到 info@ftcmp.co.uk
- *Send your qualifications (scanned copies) to info@ftcmp.co.uk if need FTCMP to purchase your insurance on your behalf.
*如需通过学会统一购买保险者请将学历证明原件复印件及公证件(或翻译件)发送到 info@ftcmp.co.uk

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