

世界傳統醫師資格鑑定申請書
APPLICATION FORM OF WORLD TRADITIONAL MEDICINE
PRACTITIONER EVALUATION OF QUALIFICATION

姓名	中文 Chinese:		
Name	英文 English:		
出生日期 DOB: _____月(M) / _____日(D) / _____年(Y)		照 片 (photo)	
性別 Sex: <input type="checkbox"/> 男(M) <input type="checkbox"/> 女(F)	國籍 Nationality:		
服務(執業)單位 Business Name:			
服務(執業)地址 Business Address:		Tel:	
住家地址 Home Address:		Tel:	
<p>申請項目 Items:</p> <p><input type="checkbox"/> 世界傳統醫師資格鑑定 World Traditional Medical Doctor Evaluation & Qualification: <i>US \$ 500</i></p> <p><input type="checkbox"/> 世界中醫師資格鑑定 World Chinese Medical Doctor Evaluation & Qualification: <i>US \$ 500</i></p> <p>★ 凡從事世界傳統醫學及中醫藥、運動傷害、武術跌打、東方醫療、氣功醫療臨床經驗七年以上有證明者,均可申請世界傳統醫師及中醫師之資格鑑定(包括跌打,正骨,針灸,推拿,指壓,按摩,中草藥,氣功),並經本會審查通過後授意世界中醫師資格證書</p> <p>Those who are engaging in the World Traditional Medicine and Chinese Therapeutic Chi Kung and Martial Arts and Sports injure have more than seven years of verified experience are eligible to apply for evaluation of World Traditional Medicine and Chinese Medicine Practitioner. An US accredited International Chinese Medicine practitioner certification will be awarded to each qualified applicant after approval by the qualification review committee</p>			
<p>1. 學歷及經歷 (包括校名,科目,專業,日期及證明文件等) Education & Experience (Include colleges name, period of schooling, date of graduation and proof of qualification etc.):</p> <p>2. 著作 (凡具有上述資格者,如有中醫藥論文者,將影印部分寄本會,可當經歷資格及年資承認) Publications (Please submit list of titles, dates and preferably send copies of works. These will be considered for a certification approval by the committee.):</p>			
申請人 Applicant: _____		日期 Date: _____	
<p>申請書及支票抬頭請寄本會 Please send application forms and make the check payable to:</p> <p style="text-align: center;">世界中醫藥聯合總會</p> <p style="text-align: center;">WORLD CHINESE MEDICINE AND HERBS UNITED ASSOCIATION</p> <p style="text-align: center;">10351 E. GARVEY AVE, EL MONTE, CALIFORNIA 91733, USA.</p> <p style="text-align: center;">Tel: (626) 442-5599, (888) 625-2112 Fax: (626) 442-5533</p>			