

澳大利亞澳華中醫學會
NSW Association of Chinese Medicine Inc.

入會申請書

(Application Form for Membership)



澳華中醫學會聯系地址

NSW Association of Chinese Medicine

P.O. Box K636 Haymarket, NSW 2000 Australia

聯系電話: (02) 9747 8818 (英文) (02) 9212 7733 (中文)

入會諮詢電話: (02) 9884 8833 (02) 9585 1303

澳華中醫學會

簡介

澳華中醫學會原稱澳洲紐省中醫藥研究會，創建於一九九〇年，是澳洲正式註冊的合法社團(註冊號:Y1012227)。本學會為非政治、非宗教、非牟利的中醫藥專業學術性團體，以弘揚和發展澳洲中醫藥事業為宗旨。

澳華中醫學會是澳大利亞較大的華人中醫藥專業學術團體之一，對促進在澳洲中醫藥執業同行的聯誼，促進同國內外中醫學術團體合作和學術交流，促進同澳洲政府衛生部門和華人社區的聯系均起到重要作用。

本會會員大多數具有中醫或西醫高等院校畢業文憑。會員中有國家級教授、中醫專業博士、碩士、學士，臨床主任醫師、主治醫師，從事中醫藥臨床多年的老中醫，以及在澳洲大學和醫院作中醫藥研究的博士、碩士研究生等。會員大多數在澳洲開設私人中醫診所，也有在西醫醫療中心或醫院開設中醫專科門診，部份會員還擔任澳洲各大學中醫系的講師。

澳華中醫學會經過廿多年的不斷發展擴大，已從一個純中醫學術性團體逐漸發展成集中醫學術和行業性團體，更成為澳洲華人中醫代表團體不可缺少的代表之一。

澳華中醫學會作為一個中醫學術和行業團體，經常定期組織醫學方面學術活動和<<急救證書>>學習班，協助會員們解決行醫工作所需的證書和持續專業進修學時(CPD)；出版和向全澳中醫藥同業寄送中醫學術刊物 --- <<澳華中醫藥>>。積極參與澳洲的中醫立案註冊進程。

隨著中醫藥行業近年在澳洲不斷發展，公眾對中醫行業的專業水準要求不斷提高。為適應行業發展需要，澳華中醫學會積極開展中醫專業延續教育工作，逐步提昇會員們的專業學歷水準。並成功與中國有關中醫高等學府聯合舉辦中國教育部認可的中醫學士學位本科班、中醫專科碩士和博士學位研究生班。

澳華中醫學會是澳洲全國中醫藥針灸學會聯合會(FCMA)在紐省的分會，具有澳洲近40家私人醫療保險公司認可資格。

New South Wales Association of Chinese Medicine Inc.

Introduction

NSW Association of Chinese Medicine (NSWACM), original named the NSW Research Association of Traditional Chinese Medicine, was founded in 1990, is an incorporated non-political, non-religious and non-profit professional organization. It aims to provide high quality vocational and educational services for the practitioners of Chinese Medicine and Acupuncture. Promoting and enhancing the system of Chinese Medicine development in Australia wide.

NSWACM is one of the biggest Chinese professional organizations of Chinese Medicine in Australia. It fosters friendship within practitioners of Chinese Medicine throughout the country. It is playing an important role in promoting the academic collaboration and educational exchange of Chinese Medicine in Australia and overseas. Further, it also seeks to promote the understanding and communication between the Chinese Medicine profession and the State and Federal Government of Australia.

The majority of accredited members of NSWACM are graduated from medical universities or university of Chinese medicine in China and Australia. There are also graduates from recognized college or educational institutes in Hong Kong, Taiwan, South Korea and South East Asia. They are all qualified and experienced medical doctors, health practitioners, clinical experts in hospitals, lecturers and professors of Chinese medicine in college and universities. Among them, there are some nationally well recognized professors and chief consultants doctors. Some practitioners are holding Master and PhD degrees, or are conducting research on Chinese Medicine for their master degree and PhD studies in universities and hospitals in Australia. Most of accredited members are practicing in the private clinic, herbal shops or medical centre, and some practicing and lecturing in faculty or hospital department of Chinese Medicine in university and college throughout Sydney and New South Wales.

NSWACM is regularly organising continue educational workshop and seminars. Accredited members are compulsively obtaining their Continuing Professional Development (CPD) for renewal registration each year. We are publishing the “Australasian Journal of Chinese Medicine” annually, and actively promoting the registration of Chinese Medicine in NSW.

In accordance with the public demand for complimentary health and professional practice in Chinese Medicine. NSWACM has been extensively communicated with government health department, educational institutions and hospitals of Chinese Medicine both in China and Australia. We have had successfully established the continuous educational programs with certain university and college of Chinese Medicine in China. It is programs that encourage accredited member and practitioners to study and research in the universities for further educations upon their degrees. By far we are conducting three classes for the Bachelor of Chinese Medicine, Master of Acupuncture and Massage, and also Master of Orthopedic and Traumatology in Chinese Medicine, PhD in Chinese Medicine. These courses are all recognized by the Chinese Government Department of Education.

NSWACM is a branch Association of Federation of Chinese Medicine & Acupuncture Societies of Australia (FCMA), and recognized by nearly 40 Health Fund Insurance company.

<<申請入會須知>>

(一) 會員類別

(本學會會員分為五個不同類別，申請人可根據情況選擇申請不同類別的會員。)

<1> 註冊會員 (Full Member/Accredited Member)

申請條件--- 凡正規中醫藥大學本科畢業，並具有被授予中醫或針灸學士學位，或同等學歷者，并已獲澳洲註冊中醫師資格者，可申請註冊會員。註冊會員納入澳洲全國中醫針灸學會聯合會(FCMA)會員編制並享受全國聯合會和本學會一切會員待遇和權利。

<2> 註冊(按摩)會員 (Massage Member)

申請條件--- 凡具備有澳洲正規按摩學校畢業文憑(Diploma)者，可以申請註冊(按摩)類別會員。註冊(按摩)會員納入澳洲全國中醫針灸學會聯合會(FCMA)會員編制，會員享受全國聯合會和本學會一切會員待遇和權利。

<3> 普通會員 (Associate Member)

申請條件--- 凡從事中醫藥行業工作或對中醫藥知識有興趣、而學歷未能達到註冊會員類別入會條件者，可申請普通會員類別。普通會員不納入澳洲全國中醫針灸學會聯合會(FCMA)會員編制。不具有本學會選舉權和被選舉權。但可享受本學會部份會員待遇。

<4> 學生會員 (Student Member)

申請條件--- 學生會員只適合在澳洲就讀中醫藥專業(學制三年以上)在校學生。學生會員不納入澳洲全國中醫針灸學會聯合會(FCMA)會員編制，不具有本學會選舉權和被選舉權。但可享受本學會部份會員待遇。

<5> 海外會員 (Overseas Member)

申請條件--- 海外會員適合具有澳洲短期有效簽證，學歷方面達到本學會入會要求的海外中醫藥同行。海外會員不納入澳洲全國中醫針灸學會聯合會(FCMA)會員編制。不具有本學會選舉權和被選舉權。但可享受本學會部份會員待遇。

(二) 申請入會

1. 申請人必須認真如實地填寫入會申請表格，填寫申請表格時，必需用中英文正楷填寫。
2. 申請人必須提供所有填寫內容的有關證明文件復印本。例如：公民書、護照、畢業證書(包括成績表)、學位證書、學校證明書、職稱證書、經歷證明和澳洲註冊中醫師證書等。
3. 申請人的英文姓名以正式身份證明文件為準。(如：公民書、護照、駕駛証)
4. 申請人需要交護照規格大小的近照兩張。
5. 凡申請“註冊類別會員”和“註冊(按摩)會員”的申請人，需要填寫FCMA入會申請表，并提交具有有效期的<<急救証書>>和專業行醫保險(保險額需五百萬以上)保單複印本。

(全部申請文件複印本須經澳洲太平紳士(J.P.) 簽名認證，中文証書和文件需作澳洲英文三級翻譯。)

(三) 身份要求

澳洲公民或澳洲永久居民。(申請“海外會員類別”除外)

(四) 申請費用:

1. 申請人需先繳交一次性不退還申請費\$50，資審合格后再辦理入會交費手續，學生會員費用全免。
 2. 資審費(一次性): \$100 (仅适用于註冊會員/註冊按摩會員申請人)
 3. 會員費(12月1日至11月30日): 註冊會員/註冊(按摩)會員\$150/年; 普通會員/海外會員\$110/年; 學生會員免費。
- (支票抬頭請寫: NSW Association of Chinese Medicine Inc.)
網上繳費: (銀行賬戶: A/C Name: NSW Association of Chinese Medicine Inc; BSB: 012-071; A/C No: 469 258 287)

(五) 申請表格和申請費郵寄地址:

澳華中醫學會
NSW Association of Chinese Medicine
P.O. Box K636 Haymarket, NSW 2000 Australia
(請注明: 入會申請表)

Information for Membership Application

(1) Categories of membership

There are 5 different categories of membership options depending on the individual circumstances of applicants

<1> Full member – Only individuals with a Bachelor degree (or equivalent) in Chinese medicine or acupuncture from a recognised university of Chinese medicine, and with National Registration of Chinese medicine may apply for this category of membership. Full members will become accredited member of the Federation of Chinese Medicine and Acupuncture Societies of Australia (FCMA). Members in this category enjoy the full benefits and rights of FCMA as well as NSW Association of Chinese Medicine (NSWACM).

<2> Massage member – Only individuals with a Diploma in Massage from a recognised training institution of Australia may apply for this membership. Members in this category enjoy the benefits and rights of FCMA and NSWACM.

<3> Associate member – Individuals who are working in the field of Chinese Medicine or have an interest in Chinese Medicine without qualification for the above categories may apply this membership. Associate members are not included in FCMA and do not have the right to vote or to be nominated in NSWACM, but enjoy partial benefits of NSWACM.

<4> Student member – This membership is only available to students who are enrolled in Australia for a professional Chinese Medicine course (at least 3 years or more). Student members are not included in FCMA and do not have the right to vote or to be nominated in NSWACM, but enjoy partial benefits of NSWACM.

<5> Overseas member – This membership is suitable for those overseas individuals who possess a temporary visa to Australia, and have academic qualifications that satisfy the membership requirements of NSWACM. Overseas members are not included in FCMA and do not have the right to vote or to be nominated in NSWACM, but enjoy partial benefits of NSWACM.

(2) Membership application

1. Applicant must clearly and truthfully complete the application form in Chinese or English.
2. Provide photocopies of documents that support the application including citizenship/passport, diplomas, degree certificates, employment certificates, proof of work experience and Chinese Medicine registration certificate.
3. English name must be evidenced in an official identity document, e.g. citizenship, passport, driver's license.
4. Provide 2 recent photos of passport size.
5. Applicants applying for Full member or Massage member must provide the photocopies of an updated Certificates of First Aid and Professional Indemnity Insurance (Limit of Insurance should be more than \$5,000,000).

(All photocopies must be certified true copies by an Australian Justice of Peace. Certificates and documents in Chinese must be translated into English by NAATI)

(3) Status Requirement

Applicants must be citizen or permanent resident of Australia, except overseas members.

(4) Membership Fee

1. Application Fee (non-refundable): \$50 (Free for Student member);
2. Assessment Fee (once-off): \$100 (for Full member only)
3. Membership Fee: to be informed after the assessment.

[Full member / Massage member \$150; Associate / Overseas member \$110 per year; Free for Student member]

Please make cheque payable to: NSW Association of Chinese Medicine Inc.

Internet payment: A/C Name: NSW Association of Chinese Medicine Inc; BSB: 012-071; A/C No: 469 258 287)

(5) Please send application form and fee to:

NSW Association of Chinese Medicine

P. O Box K636 Haymarket, NSW 2000, Australia



澳大利亞澳華中醫學會
NSW Association of Chinese Medicine Inc.
 申請入會表格
 Application Form for Membership



Photo

姓名(中文) _____ (英文) _____ 性別 _____ 出生日期 _____
 Name (Chinese) (English) Given Name Family Name Gender Date of Birth

联系地址 _____ State _____ Post Code _____
 Postal Address

你的身份: 澳洲公民 永久居留 工作簽證 旅遊簽證
 Status: Australia Citizen Permanent Resident Working Visa Visitor Visa

你目前是否有在澳洲行醫開業? 有 沒有 行醫年限 _____ 年至 _____ 年 共計 _____ 年
 Practice in Australia Yes Not Year of Practice Year to Year Total Year

開業/診所地址 _____ State _____ Post Code _____
 Business/Clinic Address

联系电话: (Work) _____ (Home) _____ Fax _____ Mobile _____
 Phone No.

電郵: _____ 你是否同意公開診所開業地址和電話: 同意 不同意
 Email Do you wish business details to be listed on public? Yes Not

開業註冊日期 _____ / _____ / _____ 診所專業範圍包括: 中醫藥 針灸 推拿 其他 _____
 Date of Business Registration Field in Practice (Chinese Medicine / Acupuncture / Massage / others)

你申請的會員類別: 註冊會員 按摩會員 普通會員 學生會員 海外會員
 Membership category applying for Full Member Massage Member Associate member Student member overseas member

專業學歷範圍 Field of Study:

中醫藥 / 針灸專業畢業 西醫專業畢業 按摩專業畢業 畢業所在地區 / 國家 _____
 Chinese Medicine / Acupuncture Western Medicine Massage Place/Country of study

學歷 Qualification:

中專 大專 大學本科 學士學位 碩士學位 博士學位
 Certificate Diploma Bachelor equivalent Bachelor Master PhD

主要畢業院校名稱 (1) _____
 Name of University/College

學習年限 _____ 年 _____ 月至 _____ 年 _____ 月 共計 _____ 年
 Duration of study Year Month to Year Month Total Years

(2) _____

學習年限 _____ 年 _____ 月至 _____ 年 _____ 月 共計 _____ 年
 Duration of study Year Month to Year Month Total Years

獲得學位院校名稱: _____
 Name of University award Degrees _____

(轉後頁 Continued Over)

行醫經歷(曾獲專業職稱 / 曾任職醫院或學校、几年) _____
Professional Experience (number of years)

曾參加其他主要中醫針灸專業團體或學會(包括國外)
Membership of other Professional Associations including overseas

(1) _____ (2) _____

有否參加澳洲全國中醫註冊 沒有 有 註冊號: _____ 註冊日期: ____/____/_____
National Chinese Medicine Registration No Yes Registration No. Registration Date
註冊類別 Division: 中醫師 Chinese Herbal Medicine 針灸師 Acupuncture 中醫配藥師 Chinese Herbal dispensing

是否購買專業行醫保險 (Professional Indemnity Insurance)

沒有 已購買 保險額為五百萬或以上 保險有效期至: ____/____/_____
No Yes Limit of Insurance: \$5,000,000 or Over Expired date

是否已獲得<<急救證書>> (First Aid Certificate)

沒有 已獲得 證書有效期至: ____/____/_____
No Yes Expired date

申請人重申 Declaration

我保證在申請表格填寫的內容和提交的申請入會證明文件屬實。如獲批准入會，本人願意遵守學會的章程和政府的法例規定，履行作為會員的義務。

I declare that all information in this form and supporting documents provided by myself is true and correct. If accepted as a member, I agree to abide by the constitution of the association and I will at all time conduct myself and my practice in accordance with the ethical standards set down by the society.

申請人簽名 (Signature of Applicant) _____ 日期 (Date) _____

OFFICE USE ONLY

理事會意見 _____
Decision of Executive Committee

資審委員會主任簽名 _____ 日期 ____/____/_____
Signed by Chair of Accreditation Committee Date