

# ***Chinese Medicine Registration Board of Victoria***

## ***Expression of Interest in Chinese Medicine Practitioner Registration in Victoria***

### ***Message from the President of the Chinese Medicine Registration Board of Victoria.***

Dear Practitioner,

I am pleased to advise you that the Minister of Health, the Hon. John Thwaites, announced the appointment of the Chinese Medicine Registration Board of Victoria on 14 December 2000. Pursuant to the *Chinese Medicine Registration Act 2000*, one of the principal functions of the Board is to register Chinese medicine practitioners, Chinese herbal dispensers and acupuncturists practising in Victoria. The Board intends to have a registration system in place by mid 2001.

In order to facilitate this process, the Board is inviting Expressions of Interest by Chinese Medicine practitioners regarding their intention to apply for registration. The information gained from the Expression of Interest process will assist the Board in providing a preliminary indication of the numbers seeking registration.

The sections of the Act covering registration will be proclaimed later this year. Following proclamation, the Act will not allow practitioners to hold themselves out to be a Chinese medicine practitioner, a Chinese herbalist or an acupuncturist without registration under the Act or under another Victorian health practitioner registration act. Therefore, in order to offer Chinese medicine services to the public, the Act requires you to register.

If you intend to apply for registration to practice in Victoria, please complete the attached form. Please note the form is NOT the application for registration, and the information provided in this form will not be used for formal assessment of the application for registration. Information collected through this survey will be used by the Board to set up a database on the Chinese Medicine profession in Victoria. A more detailed information package outlining the key criteria for registration will be forwarded to you when the assessment processes and standards have been determined.

The Board appreciates your participation to assist us in obtaining an accurate understanding of the profession in Victoria. A Chinese language version of the form is also available.

Please return the completed by MONDAY, 19 MARCH 2001 to:

Chinese Medicine Registration Board of Victoria,  
Registration and Accreditation Sub-Committee,  
PO Box 2726X  
Melbourne Vic 3001

On behalf of the Board, I would like to thank you for your time in completing this survey and I look forward to working closely with you in the future.

Yours sincerely,

Professor Vivian Lin,  
President,  
Chinese Medicine Registration Board of Victoria

**Instructions:**

- Use blue / black pen;
- Read through entire form and then complete relevant questions
- Return only this form, do NOT attach any qualifications or other documents

**Section 1: Personal Particulars**

1. Given Name(s): ..... Family Name: .....

Title (Mr /Ms/Dr/Prof).....

2. Date of Birth: ..... Sex: M  F

3. Postal Address: .....  
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4. Clinic Address: .....  
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(If you practice at more than one clinic, please provide the one you prefer as the contact address)

5. Your phone No.: ..... Fax: .....

Email Address: .....

**Section 2: Education**

6. Please provide a list of the qualifications (degree, diploma, certificate), you have obtained in Chinese Medicine (including Acupuncture, Chinese Herbal Medicine, Therapeutic Massage or any other modality of Chinese Medicine).

Qualification (Full Title)	Conferring institution or body (Full Name)	Location of Institution	Length of Course (specify full time or part time)	Year Completed
<i>Eg: Bachelor of Chinese Medicine</i>	<i>Guangzhou University of TCM</i>	<i>Guangzhou</i>	<i>5 years (full-time)</i>	<i>1999</i>

7. If your Chinese Medicine training was done through an apprenticeship style process (i.e. not in a teaching institution), please indicate the number of years training (full time or equivalent) and the style of apprenticeship:

Details of apprenticeship: (when, where and who supervised your study):

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 .....  
 .....

8. Are you registered with other Victorian Health Practitioners' Registration Boards?

Yes / No If yes, please indicate which one(s)? (eg Nurses, Physiotherapists, etc.)

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 .....

**Section 3: Clinical Practice**

9. Please provide details of your clinical practice since you completed your qualification or apprenticeship: (please tick all modalities used)

Years	Where	Modalities used			
		Acupuncture	Raw herbal medicine	Prepared herbal medicine	Other Modalities
<i>Eg: 1996-1999</i>	<i>Melbourne</i>	<i>0</i>	<i>0</i>		<i>Tuina Massage</i>

10. Is Chinese Medicine, (either Acupuncture or Chinese Herbal Medicine or both), your main practice?

If not, other services provided (such as chiropractic, etc.)

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 .....

**Section 4: Professional Association Memberships**

11. Which health professional associations do you belong to?

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**Thank you!**