

# **Professional Registration System (HCP) User Manual**

**Version 1.0**

## REVISION HISTORY

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1.0	21/06/2013	Release version (1)	
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## 1. INTRODUCTION

### 1.1. Overview

The Professional Registration System (PRS) is a common registration system for Healthcare Professionals in Singapore. It supports the Healthcare Professionals (HCP), Human Resources Personnel (HR) and Healthcare Professional Entities (HPE) in the execution of the key business functions of the HPEs, such as professional registration, renewal, disciplinary and continuing professional education.

The PRS is a web-based application that is hosted in the Medinet Hosting Environment.

### 1.2. Scope

The objective of this document is to provide step-by-step guidelines on the proper usage of the system by Healthcare Professionals to submit applications online to the TCMPB.

The targeted users of this document shall be the HCPs.

Users of the online application functionalities should have the basic knowledge of using a internet web browser, such as the Internet Explorer (IE), to navigate from one page to another.

The chapters in this manual are organised in a logically functional manner. They may not necessarily reflect the order, which the users would normally adopt to use the system.

The reader of this manual may study its content in any order. He/She may read the specific sections that illustrate the functions being encountered or study the specific section that he/she is interested in.

### 1.3. Definitions, Acronyms and Abbreviations

This manual uses the following typographic conventions:

- A '\*' character next to a field indicates a mandatory field.
- **[Button Name]** refers to a button.
  - **[Proceed]** button indicates that the system will be displaying the next web page after the current page.
  - **[Confirm]** button indicates that the system will update or insert records in the database and will display the acknowledgment page.
  - **[Print]** button displays the letter on the browser and the system will update the record in the database.

The following format is used by the PRS system:

- DD/MM/YYYY as a Date Format

The manual uses the following abbreviations

- HCP: Healthcare Professional
- HPE: Healthcare Professional Entity
- IE: Internet Explorer
- PC: Practicing Certificate
- PRS: Professional Registration System
- RC: Registration Certificate
- TCMPB: Traditional Chinese Medicine Practitioners Board

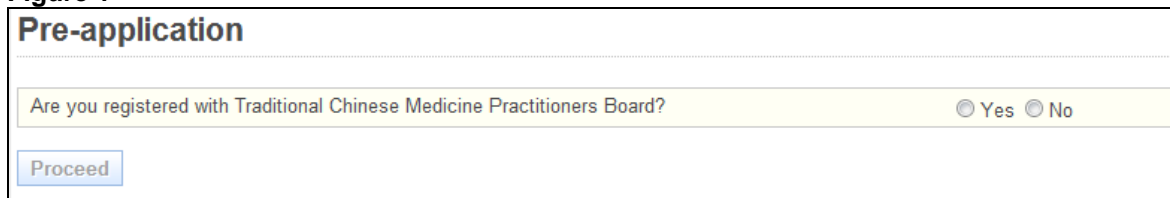
## 2. FUNCTIONS

## 2.1. Pre-Application

For all new professionals, you will be required to login to the PRS with a Temporary User ID.

The first section of Pre-Application (Question) will be displayed as follows.

Figure 1



**Pre-application**

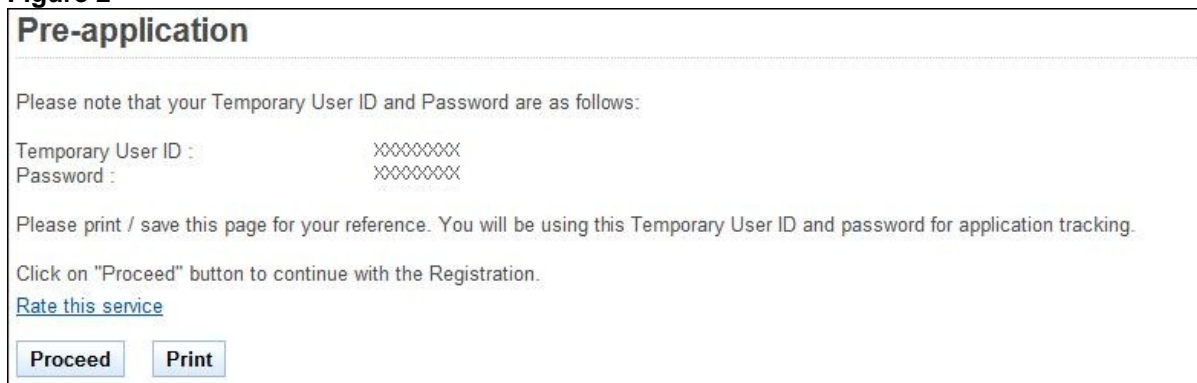
Are you registered with Traditional Chinese Medicine Practitioners Board?  Yes  No

[Proceed](#)

To proceed, answer the presented questions accordingly. Depending on your answers, there will be three possible outcomes.

Outcome 1: You pass the pre-screening and have never registered before. Click on the [\[Proceed\]](#) button after answering the questions. You will see the following screen.

Figure 2



**Pre-application**

Please note that your Temporary User ID and Password are as follows:

Temporary User ID :                   XXXXXXXX  
Password :                               XXXXXXXX

Please print / save this page for your reference. You will be using this Temporary User ID and password for application tracking.

Click on "Proceed" button to continue with the Registration.

[Rate this service](#)

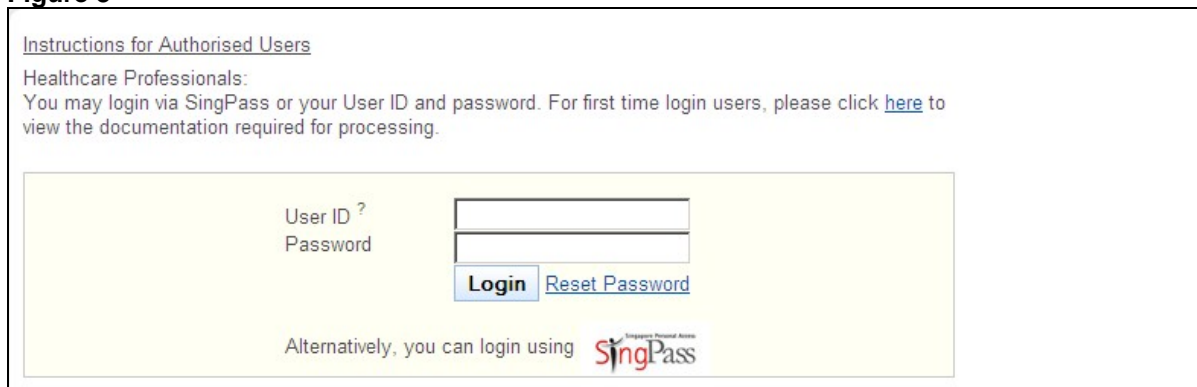
[Proceed](#)   [Print](#)

To proceed to the Login Page

- Recommended: Print or Save this page for self reference
- Click on the [\[Proceed\]](#) button.

Outcome 2: You pass the pre-screening and have an existing registration. Click on the [\[Proceed\]](#) button after answering the questions. You will see the following screen.

Figure 3



[Instructions for Authorised Users](#)

Healthcare Professionals:  
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

User ID ?   
Password

[Login](#) [Reset Password](#)

Alternatively, you can login using 

Outcome 3: You do not pass the pre-screening. You will see the following error message.

Figure 4

Before you attempt to file your application for registration online, you are strongly encouraged to familiarise yourself with the criteria for TCM registration available on Traditional Chinese Medicine Practitioners Board's website at <http://www.tcmpb.gov.sg>. Thank you.

## Pre-application

### 2.2. Login to the PRS

To access the PRS, click on the **[Login]** button on the TCM PB's website (URL: <http://www.tcmpb.gov.sg>).

Figure 5

The screenshot displays the website interface. On the left is a vertical navigation menu with the following items: 'Registration of TCM Practitioners', 'Registration Requirements', 'Application for Registration', 'Facts & Information', and 'Continuing TCM Education'. At the bottom of this menu is a 'Login' button for 'REGISTERED PRACTITIONER'. The main content area on the right contains a text box describing the TCM Practitioners Board (TCMPB) and its role. Below this is an 'Announcements' section with a 'more »' link. Two announcements are visible: one dated '25 Jun 2013 11:49' titled 'System downtime and Launch of New Professional Registration System', and another dated '22 May 2012 00:00' titled 'Address/Contact Number'.

The PRS Login screen will be displayed as follows.

**Figure 6**

The screenshot shows a login interface for Healthcare Professionals. At the top, there is a link for 'Instructions for Authorised Users'. Below this, a message states: 'Healthcare Professionals: You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.' The main login area contains two input fields: 'User ID ?' and 'Password'. To the right of these fields are two buttons: a blue 'Login' button and a blue 'Reset Password' link. Below the input fields, there is a text prompt: 'Alternatively, you can login using' followed by the SingPass logo, which includes the text 'Singapore Personal Access' above the 'SingPass' text.

To login:

- Enter your **User ID**.
- Enter your **Password**.
- Click on the **[Login]** button.

If your login credentials are correct the landing page will be displayed as follows:

**Figure 7**

### 2.3. Registration Application

You must first login to the PRS. Please refer to [2.2 Login to the PRS](#) for instructions on how to login to the PRS.

The menu on the left displays the functions you have access to. To submit a Registration Application, click on the [\[Application\]](#) menu item. Click on the [\[Registration\]](#) link.

Figure 8





The Instructions page will be displayed. The following is an extract.

Figure 9

Instruction Personal Qualifications Employment Documents Declaration Confirmation Payment Acknowledgement

### Instructions For Online Registration Application

Instructions For Online Registration Application  
Instructions according to each HPE.

Proceed

To proceed to the next stage of the application (i.e.: Personal Particulars)

- Click on the **[Proceed]** button at the bottom of the instructions page

The Personal Particulars page will be displayed. It has the following sections:

- Registration Details
- Particulars of Applicant
- Residential Address in Singapore (As in NRIC)
- Other Address In Singapore
- Foreign Address
- Preferred Mailing Address
- Information on Spouse

If you have logged in with as an existing registered professional, the sections will be pre-loaded with your last known information in the system. The sections will thus be read only. To update your particulars, you will need to use the Update Particulars function. Please refer to [2.6 Update Particulars Application](#).

Figure 10

Registration Details

\*Registration Type --Select Here--

\*Registration Category --Select Here--

I am also trained in other profession --Select Here--

\*Type of Register / Roll --Select Here--

Registration Details

This section allows you to provide information about the type of registration that you are applying for.

- Select your **Registration Type**.
- Select your **Registration Category**.
- Optional: You may also select another Healthcare profession that you have been trained in.
- Select your **Type of Register**.

Figure 11

Particulars Of Applicant	
*Identification Type	NRIC
*Identification No.	S8658838B
*Salutation	Mr
*Full Name as shown in NRIC/FIN/Passport	Matthew
*Surname / Family Name	
Name in Chinese Character	
*Gender	<input type="radio"/> Male <input type="radio"/> Female
Race	--Select Here--
*Date of Birth	dd/mm/yyyy
*Nationality	--Select Here--
*Country/Place of Birth	--Select Here--
*Marital Status	--Select Here--
Religion	--Select Here--
Patient Contact (For Medical Doctors only)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N.A.
Year Obtained Citizenship	yyyy
Other Nationality	--Select Here--
Residential Status (for non-Singapore Citizen)	--Select Here--
Year Permanent Resident Obtained	yyyy
Year Employment Pass Obtained	yyyy
Year Work Permit Obtained	yyyy
*Preferred Email Address	nicholaskok@ncs.com.sg
Alternate Email Address	
Home Telephone No.	
Office Telephone No.	
Mobile No.	

#### Particulars of Applicant

This section allows you to provide information about your personal particulars.

- Select your **Identification Type**.
- Select your **Identification Number**.
- Select your **Salutation**.
- Enter your **Full Name as shown in NRIC/FIN/Passport**.
- Enter your **Surname / Family Name**.
- Optional: Enter your **Name in Chinese Character**.
- Select your **Gender**.
- Select the **Race**.
- Enter your **Date of Birth** (dd/mm/yyyy)
- Select your **Nationality**.
- Select your **Country/Place of Birth**.
- Select your **Marital Status**.
- Optional: Select your **Religion**.
- Select your **Patient Contact** status.
- Enter in **Year Obtained Citizenship**, the year that you obtained your Singapore citizenship if you're original nationality was not Singapore Citizen.

- Enter your **Other Nationality** if you possess one.
- Enter your current **Residential Status** if you are not a Singapore Citizen.
- Enter the **Year Permanent Resident Obtained** if applicable.
- Enter the **Year Employment Pass Obtained** if applicable.
- Enter the **Year Work Permit Obtained** if applicable.
- Enter the **Preferred Email Address**.
- Enter the **Alternate Email Address** if applicable.
- Enter at least one of the following telephone numbers: **Home Telephone No.**, **Office Telephone No** and **Mobile No.**

Figure 12

Residential Address In Singapore (As in NRIC)	
Postal Code	<input type="text"/>
Block/House No.	<input type="text"/>
Level - Unit No.	<input type="text"/> - <input type="text"/>
Street Name	-
Building Name	-

Residential Address in Singapore (As in NRIC)

Enter your NRIC address details if you are a Singapore Citizen or Permanent Resident.

- Enter the **Postal Code**. The **Block/House No.**, **Street Name** and **Building Name** will be populated accordingly. You may edit the **Block/House No.** if necessary.
- Enter the **Level** and **Unit No.** if applicable.

Figure 13

Other Address In Singapore	
Postal Code	<input type="text"/>
Block/House No.	<input type="text"/>
Level - Unit No.	<input type="text"/> - <input type="text"/>
Street Name	-
Building Name	-

Other Address in Singapore

Enter your address details in Singapore if you are not a Singapore Citizen or Permanent Resident.

- Enter the **Postal Code**. The **Block/House No.**, **Street Name** and **Building Name** will be populated accordingly. You may edit the **Block/House No.** if necessary.
- Enter the **Level** and **Unit No.** if applicable.

Figure 14

Foreign Address	
Country	<input type="text" value="--Select Here--"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Address Line 4	<input type="text"/>
Contact No.	<input type="text"/>

Foreign Address

Enter your Foreign Address details if you have a Foreign Address that you can be contacted at.

- Select the **Country**.

- Enter the details for **Address Line 1**.
- Optional: Enter the details for **Address Line 2** if applicable.
- Optional: Enter the details for **Address Line 3** if applicable.
- Optional: Enter the details for **Address Line 4** if applicable.
- Enter the **Contact Number** at your Foreign Address.

Figure 15



\*Preferred Mailing Address

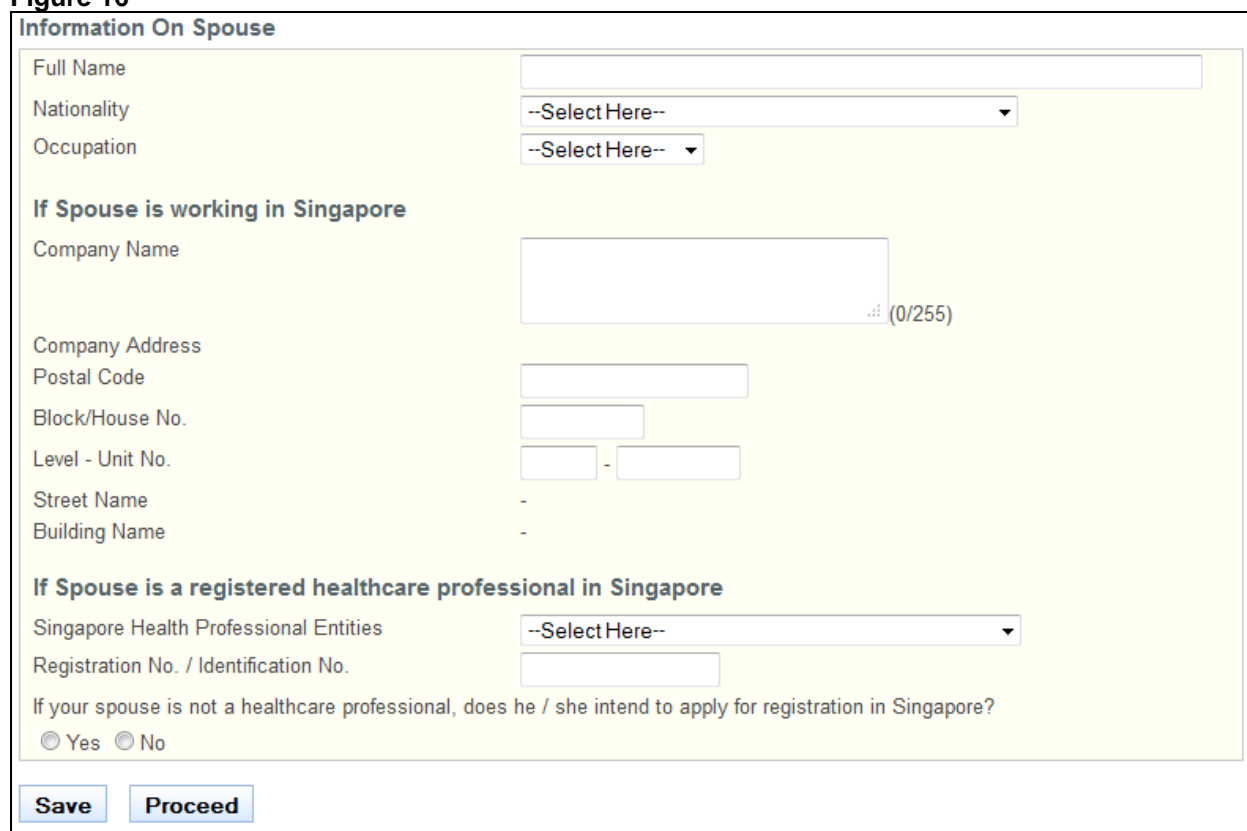
Residential Address in Singapore (As in NRIC)       Other Address In Singapore

Foreign Address       Principal Practice Place Address

Preferred Mailing Address

- Indicate your preferred mailing address.

Figure 16



Information On Spouse

Full Name

Nationality

Occupation

**If Spouse is working in Singapore**

Company Name  (0/255)

Company Address

Postal Code

Block/House No.

Level - Unit No.  -

Street Name

Building Name

**If Spouse is a registered healthcare professional in Singapore**

Singapore Health Professional Entities

Registration No. / Identification No.

If your spouse is not a healthcare professional, does he / she intend to apply for registration in Singapore?

Yes  No

Information on Spouse

This section allows you to enter information about your spouse, if applicable. The fields in this section are not mandatory.

- Click on the **[Save]** button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the **[Proceed]** button to proceed to the next page, Qualifications.

If the inputs pass all the required validation checks, the Qualifications page will be displayed. The following is an extract.

Figure 17

Instruction
Personal
Qualifications
Employment
Documents
Declaration
Confirmation
Payment
Acknowledgement

## Application for Registration

Note: All Fields marked with asterisk (\*) are mandatory.

### Qualifications of Applicant

Highest Education Level --Select Here-- ▾

#### Basic TCM Qualification Obtained

\*Country --Select Here-- ▾

\*University / Institution --Select Here-- ▾

\*Qualification Type --Select Here-- ▾

\*Qualification --Select Here-- ▾

Abbrev. Of Qualification

Subject Area / Specialty --Select Here-- ▾

Programme Type  Full-time  Part-time

Course Duration  months

Start Date

End Date

\*Year Obtained

\*Twinning Programme  Yes  No

### Postgraduate / Post-registration TCM Qualifications Obtained

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Conferred	Action
No Postgraduate / Post-registration Qualification added.								

Add Postgraduate Qualification

### Clinical / Housemanship / Internship Experience of Applicant

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

Add Clinical Experience

### Work Practice Experience

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Work Practice Experience added.									

Add Practice Experience

### Registration / Licensing Details (obtained outside Singapore)

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

Add Licensing Details

Save
Proceed

The Qualifications page has the following sections:

- Basic TCM Qualification Obtained
- Postgraduate / Post-registration TCM Qualifications Obtained
- Clinical / Housemanship / Internship Experience of Applicant

- Work Practice Experience
- Registration / Licensing Details (obtained outside Singapore)

Figure 18

**Qualifications of Applicant**

Highest Education Level

**Basic TCM Qualification Obtained**

\*Country

\*University / Institution

\*Qualification Type

\*Qualification

Abbrev. Of Qualification

Subject Area / Specialty

Programme Type  Full-time  Part-time

Course Duration  months

\*Start Date

\*End Date

\*Year Obtained

\*Twinning Programme  Yes  No

Basic Medical Qualification Obtained

- Select **Highest Education Level**.
- Select the **Country**.
- Select the **University / Institution**.
  - If others, enter the name of the University / Institution in the text box that appears.
- Select the **Qualification Type**.
  - If others, enter the Qualification Type in the text box that appears.
- Select the **Qualification**. The **Abbreviation of the Qualification** will appear accordingly. Edit if necessary.
- Select the **Subject Area / Specialty**.
  - If others, enter the name of the Subject Area / Specialty in the text box.
- Indicate whether the **Programme Type** is full time or part time.
- Enter the **Course Duration** in terms of months.
- Enter the **Start Date**.
- Enter the **End Date**.
- Enter the **Year Obtained**.
- Indicate whether the course is part of a **Twinning Programme**.
  - If Yes, enter the Twinning Partner in the text box that appears. You will be required to enter the information of all the institutions you attended as part of the Twinning Programme. Refer to the following screen.

Figure 19

Please complete the following section only if you DID NOT complete your basic qualification in the SAME University / Institution / Country.

Country	University / Institution	Start Date	End Date	Action
No Basic Qualification added.				
<input type="button" value="Add More Rows"/>				

- Click on the [\[Add More Rows\]](#) button. A pop-up window appears. Refer to the following screen.

Figure 20

*Country	--Select Here--
*University / Institution	--Select Here--
*Start Date	dd/mm/yyyy
*End Date	dd/mm/yyyy
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

- Enter the details and click on the **[Save]** button. The pop-up will close and a record will be added to the table. Click on the **[Cancel]** button to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the University/Institution column.
- Tip: To delete a record, click on the respective **[Delete]** hyperlink.
- Note: If there is a gap period of more than 30 days between the records, a text area will appear. You will be required to provide details to explain the gap period. Refer to the following screen.

Figure 21

Please specify whereabouts for the following period:

Period	Details
01/01/2001 to 31/01/2001	

Figure 22

Postgraduate / Post-registration TCM Qualifications Obtained								
Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Conferred	Action
No Postgraduate / Post-registration Qualification added.								
<input type="button" value="Add Postgraduate Qualification"/>								

Postgraduate / Post-registration TCM Qualifications Obtained

- Click on the **[Add Postgraduate Qualification]** button. A pop-up window will appear. Refer to the following screen.

Figure 23

### Postgraduate Qualification

*Country	--Select Here-- ▾
*University / Institution	--Select Here-- ▾
*Qualification Type	--Select Here-- ▾
*Qualification	--Select Here-- ▾
Abbrev. Of Qualification	<input style="width: 90%;" type="text"/>
Programme Type	<input type="radio"/> Full-time <input type="radio"/> Part-time
Specialty	--Select Here-- ▾
*Year Conferred	<input style="width: 50%;" type="text"/>

- Enter information about your qualification in the provided fields and click on the [\[Save\]](#) button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on [\[Cancel\]](#) to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the University/Institution column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 24



Clinical / Housemanship / Internship Experience of Applicant							
Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							
<input type="button" value="Add Clinical Experience"/>							

- Clinical / Housemanship / Internship Experience of Applicant  
This section allows you to enter your Clinical, Housemanship or Internship Experience, if any.
- Click on the [\[Add Clinical Experience\]](#) button. A pop-up window appears. Refer to the following screen.



Figure 25

### Clinical Experience

*Country	--Select Here-- ▾		
*University / Institution	--Select Here-- ▾		
Department	--Select Here-- ▾		
Discipline	--Select Here-- ▾		
*Start Date	dd/mm/yyyy		
*End Date	dd/mm/yyyy		
Total Clinical Practice Hours	<input type="text"/>		

- Select the **Country**.
- Select the **University / Institution**.
  - If others, enter the University/ Institution in the text box that appears.
- Optional: Enter the **Department**.
- Optional: Select the **Discipline**.
  - If others, enter the Discipline in the text box that appears.
- Enter the **Start Date**.
- Enter the **End Date**.
- Optional: Enter the total **Clinical Practice Hours**.
- Click on the [\[Save\]](#) Button to close the pop-up. A new record will be added to the table. Click on the [\[Cancel\]](#) button to close the pop-up without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the University/Institution column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 26

Work Practice Experience									
Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Work Practice Experience added.									
<input type="button" value="Add Practice Experience"/>									

#### Work Practice Experience

This section allows you to provide details about your Work Practice Experience.

- Click on the [\[Add Practice Experience\]](#) button. A pop-up window appears. Refer to the following screen. All fields must be filled in for the record to be saved successfully.

Figure 27

### Work Practice Experience

---

<b>*Date Joined</b>	<input type="text" value="dd/mm/yyyy"/>		
<b>*Date Left</b>	<input type="text" value="dd/mm/yyyy"/>		
<b>*Employers Name</b>	<input type="text"/>		
<b>*Country</b>	<input type="text" value="--Select Here--"/>		
<b>*Institution / Organisation</b>	<input type="text"/>		
<b>Department</b>	<input type="text"/>		
<b>*Grade / Designation / Appointment</b>	<input type="text" value="--Select Here--"/>		
<b>*Type</b>	<input type="radio"/> Full-time <input type="radio"/> Part-time		

- Enter the **Date Joined**.
- Enter the **Date Left**.
- Select the **Employer's Name**.
- Select the **Country**.
- Select the **Institution / Organisation**.
  - If others, enter the Institution/Organisation in the textbox that appears.
- Enter the **Department**.
- Select the **Grade/Designation/Appointment**.
  - If others, enter the Grade/Designation/Appointment in the textbox that appears.
- Select whether you were working **Full-time** or **Part-time**.
- Click on the **[Save]** button to save your changes and close the pop-up. A new record will be added to the table. Click on the **[Cancel]** button to close the pop-up without saving.
- Note: If there is a gap period of more than 30 days between the records, a text area will appear. You will be required to provide details to explain the gap period. Refer to the following screen.

Figure 28

Please specify whereabouts for the following period:

Period	Details
01/01/2001 to 31/01/2001	<input style="width: 95%; height: 20px;" type="text"/>

Figure 29

Registration / Licensing Details (obtained outside Singapore)								
Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								
<input type="button" value="Add Licensing Details"/>								
<input type="button" value="Save"/> <input type="button" value="Proceed"/>								

### Registration / Licensing Details

This section allows you to enter details about any Registration or Licenses that you have obtained outside of Singapore.

- Click on the [\[Add Licensing Details\]](#) button. A pop-up window appears. Refer to the following screen. At least one of the fields must be filled in.

Figure 30

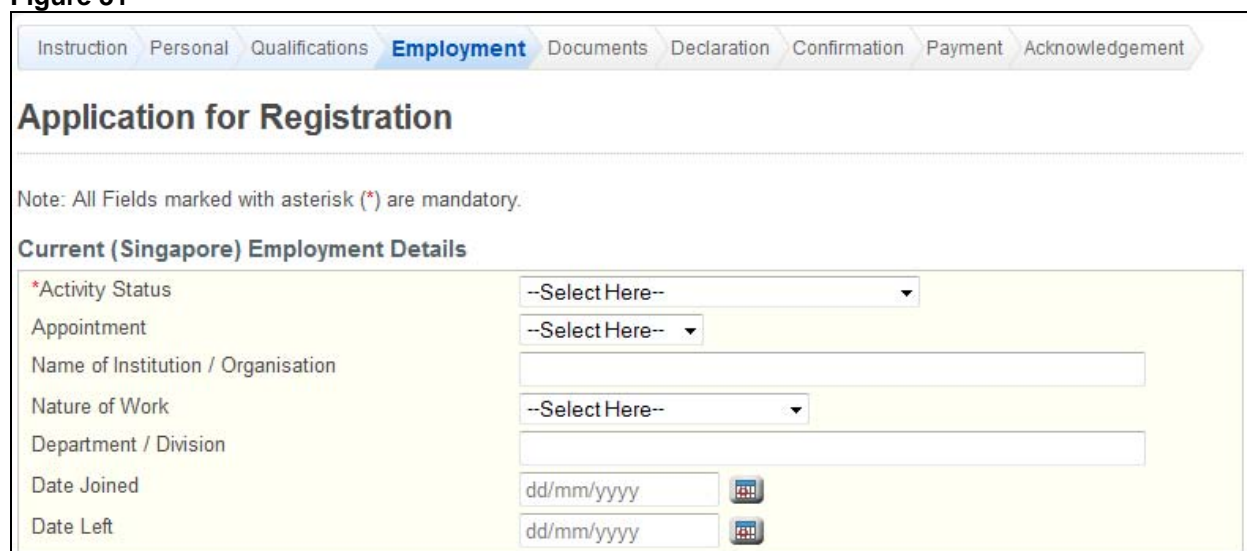
Registration / Licensing Details (obtained outside Singapore)	
Country of Registration	--Select Here--
Name of Council / Registration Authority	<input type="text" value=""/> (0/255)
Registration Type/Category	<input type="text" value=""/>
Registration / Licensing No.	<input type="text" value=""/>
Date of Registration	dd/mm/yyyy
Current PC No.	<input type="text" value=""/>
Current PC Start Date	dd/mm/yyyy
Current PC End Date	dd/mm/yyyy
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

- Enter the **Country of Registration**.
- Enter the **Name of Council / Registration Authority**.
- Enter the **Registration type/Category**.
- Enter the **Registration/ Licensing No.**
- Enter the **Date of Registration**.
- Enter the **Current PC No.**
- Enter the **Current PC Start Date**.
- Enter the **Current PC End Date**.
- Click on the [\[Save\]](#) Button to save your changes. The pop-up window will close and a new record will be added. Click on the [\[Cancel\]](#) button to close the pop-up without saving.
- Tip: You may click on the [\[Personal\]](#) link at the top of the page to return to the previous page to make changes, if necessary.

- Click on the **[Save]** button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the **[Proceed]** button to proceed to the next page, Employment.

If all inputs pass the validation checks, the Employment page will be displayed. The following is an extract.

Figure 31

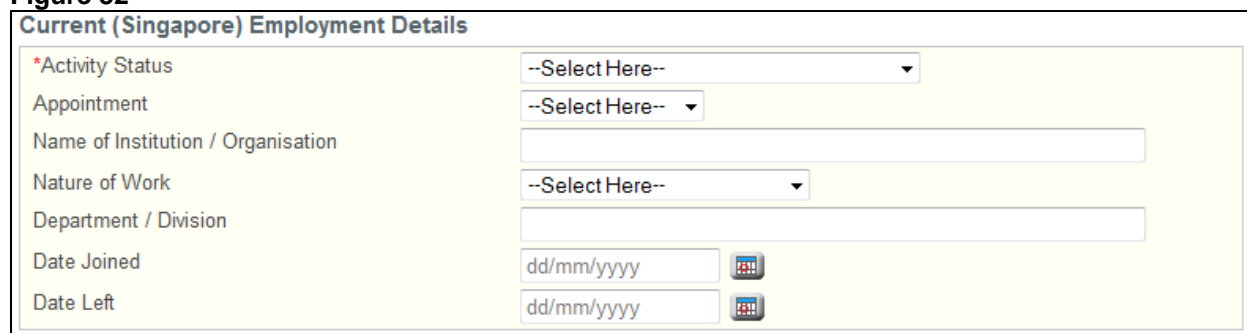


The Employment page has the following sections:

- Current (Singapore) Employment Details
- Proposed (Singapore) Employment Details
- Principal Place of Practice
- Secondary Place of Practice

If you have logged in as an existing registered professional, the sections will be pre-loaded and read-only. To make changes, you must go to Update Particulars. Refer to [2.6 Update Particulars Application](#) for more information.

Figure 32



#### Current (Singapore) Employment Details

This section allows you to enter your current employment details in Singapore.

- Select the **Activity Status**.
  - If Not Working, select the reason in the dropdown list that appears.
  - If reason for not working is others, enter the reason in the text box that appears.
- If currently employed, select the **Appointment**.
  - If others, enter the appointment in the text box that appears.
- If currently employed, enter the **Name of Institution/Organisation**.

- If currently employed, select the **Nature of Work**.
  - If others, enter the Nature of Work in the text box that appears.
- If currently employed, select the **Department / Division**.
- If currently employed, enter the **Date Joined**.
- If currently employed, enter the **Date Left** if you will be leaving your current employment at a known future date.

Figure 33

**Proposed (Singapore) Employment Details**

Activity Status	--Select Here--
Appointment	--Select Here--
Name of Institution / Organisation	<input type="text"/>
Nature of Work	--Select Here--
Department / Division	<input type="text"/>
Date Joined	dd/mm/yyyy
Date Left	dd/mm/yyyy

**Proposed (Singapore) Employment Details**

This section allows you to enter information about your proposed employment details. This section is mandatory if you are currently unemployed.

- Select the **Activity Status**.
- Select the **Appointment**.
  - If others, enter the appointment in the text box that appears.
- Enter the **Name of Institution/Organisation**.
- Select the **Nature of Work**.
  - If others, enter the Nature of Work in the text box that appears.
- Select the **Department / Division**.
- Enter the **Date Joined**.
- Enter the **Date Left** if you will be leaving your proposed employment at a known future date.

Figure 34

**Principal Place of Practice**

*Appointment	--Select Here--
*Name of Institution / Organisation	<input type="text"/>
Nature of Work	--Select Here--
Department / Division	<input type="text"/>
*Date Joined	dd/mm/yyyy
Date Left	dd/mm/yyyy

**Principal Place of Practice**

This section allows you to enter information about your Principal Place of Practice.

- Select the **Appointment**.
  - If others, enter the appointment in the text box that appears.
- Enter the **Name of Institution/Organisation**.
- Optional: Select the **Nature of Work**.
  - If others, enter the Nature of Work in the text box that appears.
- Select the **Department / Division**.
- Enter the **Date Joined**.
- Optional: Enter the **Date Left** if you will be leaving your Principal Place of Practice at a known future date.

Figure 35

Secondary Place of Practice						
Name of Institution / Organisation	Appointment	Nature of Work	Department / Division	Date Joined	Date Left	Action
No Secondary Place of Practice added.						
<input type="button" value="Add Secondary Place of Practice"/>						
<input type="button" value="Save"/> <input type="button" value="Proceed"/>						

### Secondary Place of Practice

This section allows you to add information about your Secondary Places of Practice, if any.

- Click on the [\[Add Secondary Place of Practice\]](#) button. A pop-up window appears. Refer to the following screen.

Figure 36

Application for Registration	
<b>Secondary Place of Practice</b>	
*Appointment	--Select Here-- ▾
*Name of Institution / Organisation	<input type="text"/>
Nature of Work	--Select Here-- ▾
Department / Division	<input type="text"/>
*Date Joined	dd/mm/yyyy <input type="button" value="Calendar"/>
Date Left	dd/mm/yyyy <input type="button" value="Calendar"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

- Select the **Appointment**.
  - If others, enter the appointment in the text box that appears.
- Enter the **Name of Institution/Organisation**.
- Optional: Select the **Nature of Work**.
  - If others, enter the Nature of Work in the text box that appears.
- Select the **Department / Division**.
- Enter the **Date Joined**.
- Optional: Enter the **Date Left** if you will be leaving your Secondary Place of Practice at a known future date.
- Click on the [\[Save\]](#) button to save your changes and close the pop-up. A new record will be added to the table. Click on the [\[Cancel\]](#) button to close the pop-up without saving the changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the Name of Institution / Organisation column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

- Tip: You may click on the [\[Personal\]](#) or [\[Qualifications\]](#) links to return to the previous respective pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button to proceed to the next page, Documents.

If the inputs pass all the validation checks, the Documents page will be displayed as follows. All mandatory documents must be uploaded before you will be able to proceed to the next stage. Do note the following restrictions when uploading:

- File must be in JPEG (.jpg or .jpeg) or PDF (.pdf) format.
- Each file size must not exceed 1MB.
- For Photographs, the dimensions must be 400 by 514 pixels.

Figure 37

Instruction
Personal
Qualifications
Employment
Documents
Declaration
Confirmation
Payment
Acknowledgement

## Application for Registration

**Note:**

- File must be in JPEG (.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB
- For Photograph, the dimensions must be 400 by 514 pixels

### Mandatory Documents

Document Title	Certified true copy of TCM qualification
*Upload Document	<input type="text"/> <a href="#">Browse..</a> <a href="#">Attach</a>
Document Title	Certified true copy of highest education certificate (other than TCM qualification)
*Upload Document	<input type="text"/> <a href="#">Browse..</a> <a href="#">Attach</a>
Document Title	Certified true copy of transcript of examination results for the TCM studies
*Upload Document	<input type="text"/> <a href="#">Browse..</a> <a href="#">Attach</a>
Document Title	Current and original Certificate of Good Standing or Original testimonial from the Principal/Dean of the TCM institution
*Upload Document	<input type="text"/> <a href="#">Browse..</a> <a href="#">Attach</a>
Document Title	NRIC (Front & Back) or Passport & Employment Pass
*Upload Document	<input type="text"/> <a href="#">Browse..</a> <a href="#">Attach</a>
Document Title	Original Letter of Verification on TCM qualification from issuing institution
*Upload Document	<input type="text"/> <a href="#">Browse..</a> <a href="#">Attach</a>
Document Title	Recent Color Photograph against White Background
*Upload Document	<input type="text"/> <a href="#">Browse..</a> <a href="#">Attach</a>

### Additional Documents

Document Title	--Select Here--
File	<input type="text"/> <a href="#">Browse..</a> <a href="#">Attach</a>

**Documents Attached**

No document attached.

[Proceed](#)

To upload a document

- Click on the **[Browse]** button. A file dialog box will appear to let you select your file.
- Select the file to upload and click on the **[Open]** button. The file dialog box closes.
- Click on the **[Attach]** button. The selected file will be uploaded.
- Tip: Click on the **[Delete]** link if you do not wish to include the uploaded document with your application.
- Tip: Click on the **[Replace]** link if you wish to replace the uploaded document with another. A popup-window will appear. Refer to the following screen.

Figure 38

Replace Additional Document	
Replace Document	
Note:	
<ul style="list-style-type: none"><li>• File must be in JPEG(.jpg or .jpeg), PDF (.pdf).</li><li>• Each file size must not exceed 1MB</li></ul>	
Document Title	Certified true copy of TCM qualification
File	<input type="text"/> <b>Browse..</b>
<b>Attach</b>	<b>Cancel</b>

- Click on the **[Proceed]** button. If all mandatory documents have been uploaded, the Declarations page will be displayed. The following is an extract.



Figure 39

Instruction
Personal
Qualifications
Employment
Documents
Declarations
Confirmation
Payment
Acknowledgement

## Application for Registration

Note: All fields are mandatory.

### Declarations by Applicant

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details in a separate document and upload supporting documents where applicable.

1. Have you ever been or are you currently the subject of an inquiry or an investigation by any licensing authority in Singapore or elsewhere involving an allegation of professional misconduct or any improper conduct which brings disrepute to the TCM profession?  
 Yes  No
2. Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a TCM practitioner?  
 Yes  No
3. Have you ever been convicted in Singapore or elsewhere of any offence?  
 Yes  No
4. Have you ever suffered from Hepatitis B?  
 Yes  No

I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

I acknowledge that the Traditional Chinese Medicine Practitioners Board reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Traditional Chinese Medicine Practitioner's Board. I also understand and give my consent for the Traditional Chinese Medicine Practitioner's Board to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

I also authorise the Traditional Chinese Medicine Practitioner's Board to release the data provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.

Save
Proceed

- Indicate your answer for all the questions. If you answer "Yes" to any of the questions, you will be required to provide further details in the text box that appears.
- Tick the checkboxes to make your declarations.
- Tip: You may click on the [\[Personal\]](#), [\[Qualifications\]](#), [\[Employment\]](#), [\[Documents\]](#) or [\[Declarations\]](#) links to return to the respective previous page to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button to proceed to the next page, Confirmation.

If the inputs all pass the required validation checks, the confirmation page will be displayed. The Confirmation Page will display all the details that you have entered. The following is an extract.

Figure 40

Instruction	Personal	Qualifications	Employment	Documents	Declaration	<b>Confirmation</b>	Payment	Acknowledgement
-------------	----------	----------------	------------	-----------	-------------	---------------------	---------	-----------------

### Application for Registration

---

#### Registration Details

Registration Type	Full Registration
Registration Category	New Application
I am also trained in other profession	-
Type of Register / Roll	TCM Physician

#### Particulars Of Applicant

Identification Type	NRIC
Identification No.	S8658838B
Salutation	Mr
Full Name as shown in NRIC/FIN/Passport	Matthew tan
Surname / Family Name	tan
Preferred Order of Name	-
Name in Chinese Character	-
Gender	Male
Race	-
Date of Birth	24/04/1994
Nationality	SINGAPORE CITIZEN
Country/Place of Birth	Singapore
Marital Status	Single
Religion	-
Patient Contact (For Medical Doctors only)	-
Year Obtained Citizenship	-
Other Nationality	-

To proceed to the Payment page:

- Tip: You may click on the links at the top to return to the previous pages to make changes, if necessary.
- Click on the **[Confirm]** button.

The Payment page will be displayed as follows.

Figure 41

Instruction Personal Qualifications Employment Documents Declaration Confirmation **Payment** Acknowledgement

### Application for Registration

Please note that the following fee(s) is/are non-refundable.  
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application Fee of Full Registration - New Application (TCM Physician)	XX.XX	1	XX.XX

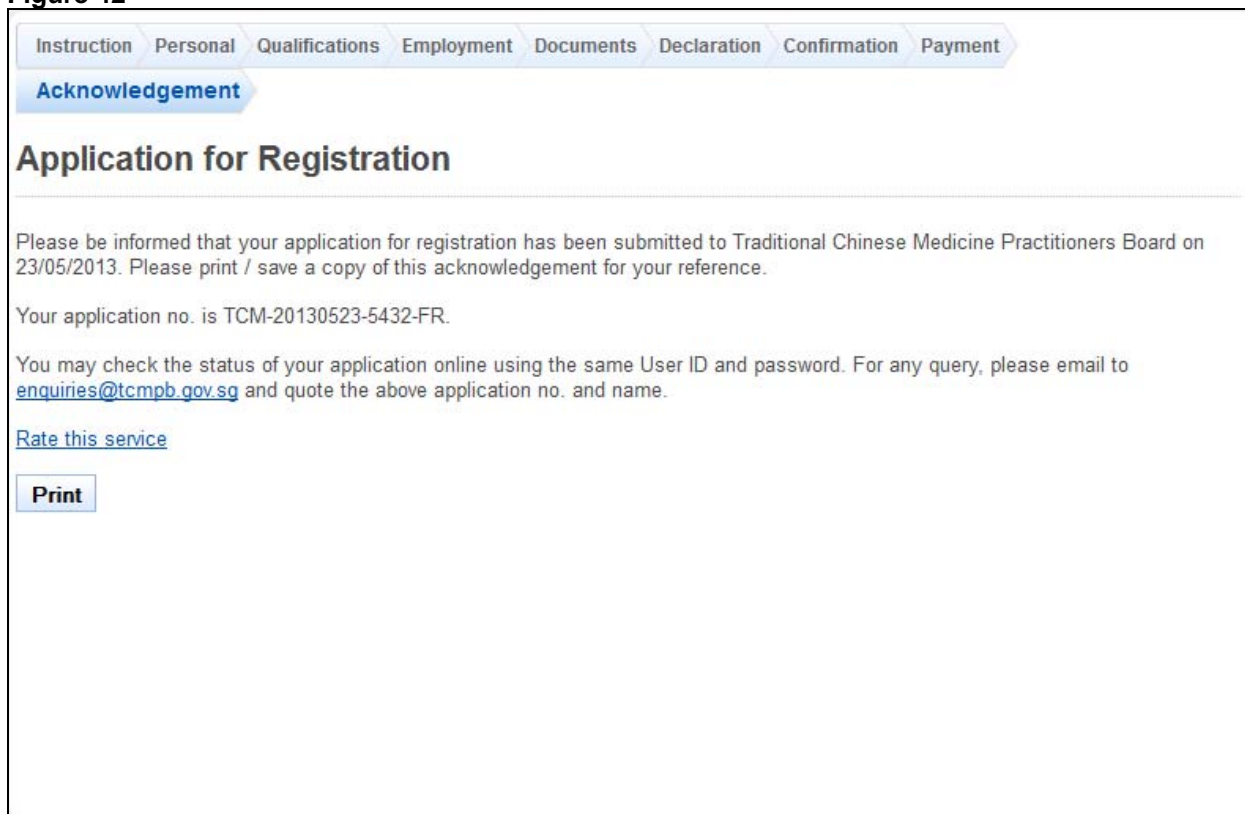
**Proceed**

To proceed to the next stage of the application

- Click on the **Proceed** button. The BillCollect payment interface will be displayed. Follow the on screen instructions to make your payment.

Once payment has been completed, the Acknowledgement page will be displayed.

Figure 42



- Optional: Click on the [\[email\]](#) link to email TCMPB for any queries, if any.
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

#### 2.4. PC Renewal Application

To submit a PC Renewal Application, you must first login to PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in, click on the [\[PC Renewal\]](#) link.

Figure 43



If you are eligible for PC Renewal, the first page of the PC Renewal and Off-Register application process will be displayed. Please review the Personal Particulars section and the Employment Details section. If they are outdated, please update them using the Update Particulars function. Refer to [2.6 Update Particulars Application](#) for more information. The following is an extract of the first page.

Figure 44

PC Renewal - Update Particulars
Form
Declarations
Confirmation
Payment
Acknowledgement

## PC Renewal

Click [here](#) for important Instructions for applying renewal online.

### PC Renewal Details

Current PC Type	Full-fee (2 years)
-----------------	--------------------

### Personal Particulars

Identification Type	NRIC
Identification No.	S8658838B
Full Name as shown in NRIC/FIN/Passport	Matthew tan
Salutation	Mr
Surname / Family Name	tan
Preferred Order of Name	-
Name in Chinese Character	-
Nationality	SINGAPORE CITIZEN
Marital Status	Single
Religion	-
Year Obtained Citizenship	-
Other Nationality	-
Residential Status (for non-Singapore Citizen)	-
Year Permanent Resident Obtained	-
Year Employment Pass Obtained	-
Year Work Permit Obtained	-
Preferred Email Address	nicholaskok@ncs.com.sg
Alternate Email Address	-
Home Telephone No.	-
Office Telephone No.	-
Mobile No.	+65 81234567
Residential Address In Singapore(As in NRIC)	-
Other Address In Singapore	-
Foreign Address	-
Preferred mailing address	Residential Address in Singapore (As in NRIC)
Patient Contact (For Medical Doctors only)	-

### Current (Singapore) Employment Details

Activity Status	Working Full-time in Singapore
Appointment	-
Name of Institution / Organisation	CITYMED HEALTH ASSOCIATES PTE LTD 19 KEPPEL RD #01-01 JIT POH BUILDING Singapore 089058
Nature of Work	-
Department / Division	-
Date Joined	20/04/2010
Date Left	-

\*I declare that all the above information is true and correct:       Yes    No

Proceed

The first page will have the following sections:

- PC Renewal Details: This section will display whether you satisfy the renewal requirements.

- Personal Particulars: This section will display your last known personal particulars as stored in PRS.
- Employment Details: This section will display your last known Employment Details as stored in PRS.

To proceed to the Application Form page:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting a PC Renewal and Off-Register application.
- Indicate that the information is correct.
- Click on the [\[Proceed\]](#) button.

If the inputs all pass the required validation checks, the Application Form page will be displayed as follows.

Figure 45

The screenshot shows the 'PC Renewal' application form. At the top, there are navigation tabs: 'PC Renewal - Update Particulars', 'Form' (highlighted), 'Declarations', 'Confirmation', 'Payment', and 'Acknowledgement'. Below the tabs is the title 'PC Renewal'. The form is divided into several sections:

- PC Renewal Details:** Includes a radio button selection for '\*PC Type' with options 'Full-fee (2 years)' and 'Full-fee (1 year)'. Below this is a table of practising certificates.
- Table of Practising Certificates:**

S/N	Practising Certificate	Expiry Date	Payment Due Date	*Renew?
1	TCM Physician	31/05/2013	30/04/2013	<input type="checkbox"/>
- Send PC by:** Radio button selection for 'Normal Mail', 'Registered Mail', and 'Self-Collection'.
- Note:** A list of instructions: 'File must be in JPEG(.jpg or .jpeg), PDF (.pdf). Each file size must not exceed 1MB'.
- Additional Documents:** A section with a 'Document Title' dropdown menu (set to '--Select Here--'), a 'File' input field, and 'Browse..' and 'Attach' buttons.
- Documents Attached:** A section showing 'No document attached.'
- Buttons:** 'Save' and 'Proceed' buttons at the bottom.

To proceed to the Declarations page:

- Select the **PC Type**.
- Tick the practising certificate that you need for Renewal
- Indicate your preferred collection method.
- Upload all mandatory documents.
- Upload any additional documents that you will require to support your application.
- Tip: You may click on the links on top to return to the previous pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs all pass the required validation checks, the declaration page will be displayed as follows.

Figure 46

The screenshot shows a web form titled "PC Renewal - Update Particulars" with a navigation bar containing "Form", "Declarations", "Confirmation", "Payment", and "Acknowledgement". The "Declarations" tab is active. Below the title, a note states "All fields are mandatory." The section is titled "Declarations by Applicant" and includes instructions: "Please answer all questions. If you have answered 'Yes' to any of the questions, please provide full details in a separate document and upload supporting documents where applicable." There are four numbered questions, each with "Yes" and "No" radio button options. Below the questions are three checkboxes for declarations and authorizations. At the bottom, there are "Save" and "Proceed" buttons.

PC Renewal - Update Particulars Form **Declarations** Confirmation Payment Acknowledgement

### PC Renewal

Note: All fields are mandatory.

#### Declarations by Applicant

Please answer all questions. If you have answered "Yes" to any of the questions, please provide full details in a separate document and upload supporting documents where applicable.

- 1 Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of this may form the basis of professional misconduct or any improper conduct which may bring disrepute to the TCM profession?  
 Yes  No
- 2 Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a TCM practitioner?  
 Yes  No
- 3 Have you ever been convicted in Singapore or elsewhere of any offence?  
 Yes  No
- 4 Have you ever suffered from Hepatitis B?  
 Yes  No

I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

I acknowledge that the Traditional Chinese Medicine Practitioners Board reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Traditional Chinese Medicine Practitioner's Board. I also understand and give my consent for the Traditional Chinese Medicine Practitioner's Board to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

I also authorise the Traditional Chinese Medicine Practitioner's Board to release the data provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.

To proceed to the Confirmation page:

- Indicate your answer for all the questions and make your declarations.
- Tip: You may click on the links on top to return to the previous pages to make changes, if necessary.
- Click on the **[Save]** button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the **[Proceed]** button.

If the inputs pass the required validation checks, the Confirmation page will be displayed. The details that you have submitted for your PC Renewal application will be displayed.



Figure 47

PC Renewal - Update Particulars
Form
Declarations
Confirmation
Payment
Acknowledgement

## PC Renewal

---

**PC Renewal Details**

*PC Type	Full-fee (1 year)
*Send PC by	Self-Collection

S/N	Practising Certificate	Current Expiry Date	Payment Due Date
1	Acupuncturist	31/12/2002	31/12/2002

**Documents Attached**

No document attached.

**Declarations by Applicant**

1	Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of this may form the basis of professional misconduct or any improper conduct which may bring disrepute to the TCM profession? No -
2	Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a TCM practitioner? No -
3	Have you ever been convicted in Singapore or elsewhere of any offence? No -
4	Have you ever suffered from Hepatitis B? No -

I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

I acknowledge that the Traditional Chinese Medicine Practitioners Board reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Traditional Chinese Medicine Practitioner's Board. I also understand and give my consent for the Traditional Chinese Medicine Practitioner's Board to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

I also authorise the Traditional Chinese Medicine Practitioner's Board to release the data provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.

To proceed to the Payment page:

- Tip: You may click on the links on top to return to the previous pages to make changes, if necessary.
- Click on the **[Confirm]** button.

If the inputs all pass the required validation checks, the payment page will be displayed.

Figure 48

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
TCM Physician Practising Certificate (2 years)	XX.XX	1	XX.XX

To proceed to the Acknowledgement page:

- Click on the [\[Proceed\]](#) button.

If your employer is not paying on your behalf, the BillCollect payment interface will be displayed. Follow the on screen instructions to make payment. Once payment is completed, the acknowledgement page will be displayed.

Figure 49

enquiries@tcmpb.gov.sg and quote the above application no.' There is a link: '[Rate this service](#)'. A 'Print' button is located at the bottom."/>

Your application no. is:  
TCM-20130523-0064-PCR

You may check the status of your application online using the same User ID and password. For any query, please email to [enquiries@tcmpb.gov.sg](mailto:enquiries@tcmpb.gov.sg) and quote the above application no.

[Rate this service](#)

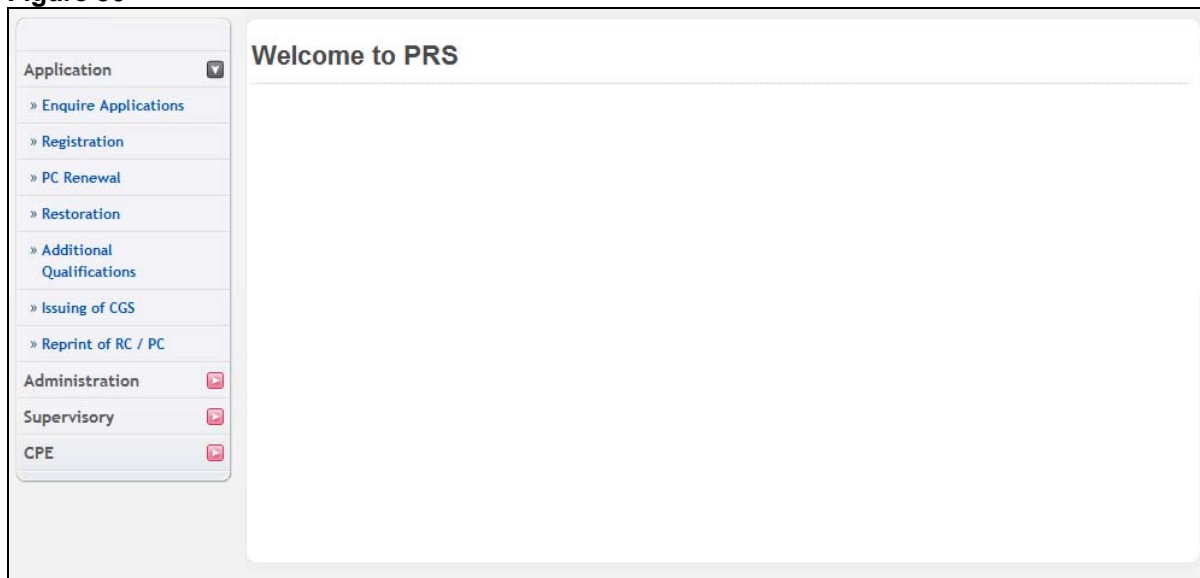
- Optional: Click on the [\[email\]](#) link to email the TCM PB for any queries, if any.
- Recommended: Click on [\[Print\]](#) button to print out a copy of the acknowledgement page.

## 2.5. Restoration Application

If you are currently Off Register and were previously on Full Registration, you may apply to have your registration restored. You will first need to login to PRS. Refer to [2.2 Login to the PRS](#) for more details.

After logging in, click on the [\[Restoration\]](#) link.

Figure 50



The Restoration application form will be displayed. The following is an extract.

Figure 51

Restoration - Form   Upload Documents   Declarations   Confirmation   Payment   Acknowledgement

### Restoration Form

Click [here](#) for important Instructions for applying restoration online.  
Note: All Fields marked with asterisk (\*) are mandatory.

**Restoration Details**  
Please select the registers you wish to restore

	Register	Status
<input type="checkbox"/>	TCM Physician	Off Register

\*Reason for restoration  (0/2000)

Personal Particulars	
Identification Type	NRIC
Identification No.	S8658838B
Full Name as shown in NRIC/FIN/Passport	Matthew tan
Salutation	Mr
Surname / Family Name	tan
Preferred Order of Name	-
Name in Chinese Character	-
Nationality	SINGAPORE CITIZEN
Marital Status	Single
Religion	-
Year Obtained Citizenship	-
Other Nationality	-
Residential Status (for non-Singapore Citizen)	-
Year Permanent Resident Obtained	-
Year Employment Pass Obtained	-
Year Work Permit Obtained	-
Preferred Email Address	nicholaskok@ncs.com.sg
Alternate Email Address	-
Home Telephone No.	-
Office Telephone No.	-
Mobile No.	+65 81234567
Residential Address In Singapore(As in NRIC)	-
Other Address In Singapore	-
Foreign Address	-
Preferred mailing address	Residential Address in Singapore (As in NRIC)
Patient Contact (For Medical Doctors only)	-

Current (Singapore) Employment Details	
Activity Status	Working Full-time in Singapore
Appointment	-
Name of Institution / Organisation	CITYMED HEALTH ASSOCIATES PTE LTD 19 KEPPEL RD #01-01 JIT POH BUILDING Singapore 089058
Nature of Work	-
Department / Division	-
Date Joined	20/04/2010
Date Left	-

\*I declare that the above is true and correct  Yes  No

**Save** **Proceed**

The Restoration application form has the following sections:

- Restoration Details: Displays your restoration options.
- Personal Particulars: Displays your last known personal particulars information stored in PRS.
- Employment Details: Displays your last known employment details stored in PRS.

The Personal Particulars and Employment Details section are read only. You may update the information from the Update Particulars module. Please refer to [2.6 Update Particulars Application](#) for more information.

To proceed to the Documents page:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting a Restoration application.

- Tick the register you wish to have restored.
- Enter **Reason for Restoration**.
- Click on the **[Save]** button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the **[Proceed]** button.

If the inputs all pass the required validation checks, the Documents page will be displayed as follows.

Figure 52

Restoration - Form **Upload Documents** Declarations Confirmation Payment Acknowledgement

MESSAGES

Upload successfully

### Upload Documents of Restoration

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Additional Documents

Document Title --Select Here--

File  **Browse..** **Attach**

Documents Attached		
<a href="#">Document Title 1</a>	<a href="#">Replace</a>	<a href="#">Delete</a>

**Proceed**

To proceed to the Declarations page:

- Upload all documents necessary for supporting your Restoration application.
- Tip: You may click on the **[Restoration - Form]** link to return to the previous respective page to make changes, if necessary.
- Click on the **[Proceed]** button.

If the inputs all pass the required validation checks, the Declarations page will be displayed.

Figure 53

Restoration - Form Upload Documents **Declarations** Confirmation Payment Acknowledgement

### Declaration of Restoration

Note: All fields are mandatory.

#### Declarations by Applicant

Please answer all questions. If you have answered "Yes" to any of the questions, please provide full details in a separate document and upload supporting documents where applicable.

- 1 Have you ever been or are you currently the subject of an inquiry or an investigation by any licensing authority in Singapore or elsewhere involving an allegation of professional misconduct or any improper conduct which brings disrepute to the TCM profession?  
 Yes  No
- 2 Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a TCM practitioner?  
 Yes  No
- 3 Have you ever been convicted in Singapore or elsewhere of any offence?  
 Yes  No
- 4 Have you ever suffered from Hepatitis B?  
 Yes  No

I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

I acknowledge that the TCMPB reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the TCMPB. I also understand and give my consent for the TCMPB to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

I also authorise TCMPB to release the data provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.

To proceed to the Confirmation page:

- Indicate your answers for the questions. If you answer "Yes" to any of the questions, you will be required to provide further details in the text boxes that appear.
- Make your declarations.
- Tip: You may click on the [\[Restoration - Form\]](#) or [\[Upload Documents\]](#) links to return to the previous respective pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs pass the required validation checks, the Confirmation page will be displayed. The following is an extract.

Figure 54

Restoration - Form	Upload Documents	Declarations	<b>Confirmation</b>	Payment	Acknowledgement
--------------------	------------------	--------------	---------------------	---------	-----------------

### Confirmation of Restoration

---

**Restoration Details**

<b>Register</b>	<b>Status</b>
TCM Physician	Off Register

Reason for restoration	restore
------------------------	---------

**Personal Particulars**

Identification Type	NRIC
Identification No.	S8658838B
Full Name as shown in NRIC/FIN/Passport	Matthew tan
Salutation	Mr
Surname / Family Name	tan
Preferred Order of Name	-
Name in Chinese Character	-
Nationality	SINGAPORE CITIZEN
Marital Status	Single
Religion	-
Year Obtained Citizenship	-
Other Nationality	-
Residential Status (for non-Singapore Citizen)	-
Year Permanent Resident Obtained	-
Year Employment Pass Obtained	-
Year Work Permit Obtained	-
Preferred Email Address	nicholaskok@ncs.com.sg
Alternate Email Address	-
Home Telephone No.	-
Office Telephone No.	-
Mobile No.	+65 81234567
Residential Address In Singapore(As in NRIC)	-
Other Address In Singapore	-
Foreign Address	-
Preferred mailing address	Residential Address in Singapore (As in NRIC)

To proceed to the Payment page:

- Tip: You may click on the [\[Restoration - Form\]](#), [\[Documents\]](#) or [\[Declarations\]](#) links to return to the previous respective pages to make changes, if necessary.
- Click on the [\[Confirm\]](#) button.

The payment page will be displayed.



Figure 55

Restoration - Form Upload Documents Declarations Confirmation **Payment** Acknowledgement

### Payment of Restoration

Please note that the following fee(s) is/are non-refundable.  
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application for Restoration to register(name removed under any other reason)	XX.XX	1	XX.XX

**Proceed**

To proceed to the Acknowledgement page:

- Click on the **Proceed** button. The BillCollect payment interface will be displayed. Follow the on screen instructions to make payment.

After payment has been successfully made, the Acknowledgement page will be displayed.

Figure 56

Restoration - Form Upload Documents Declarations Confirmation Payment **Acknowledgement**

### Acknowledgement of Restoration

Please be informed that your restoration request has been submitted to Traditional Chinese Medicine Practitioners Board on 23/05/2013. Please print / save a copy of this acknowledgement for your reference.

Your application no. is TCM-20130523-0065-ROR  
You may check the status of your application online using the same User ID and password. For any query, please email to [enquiries@tcmpb.gov.sg](mailto:enquiries@tcmpb.gov.sg) and quote the above application no.

[Rate this service](#)

**Print**

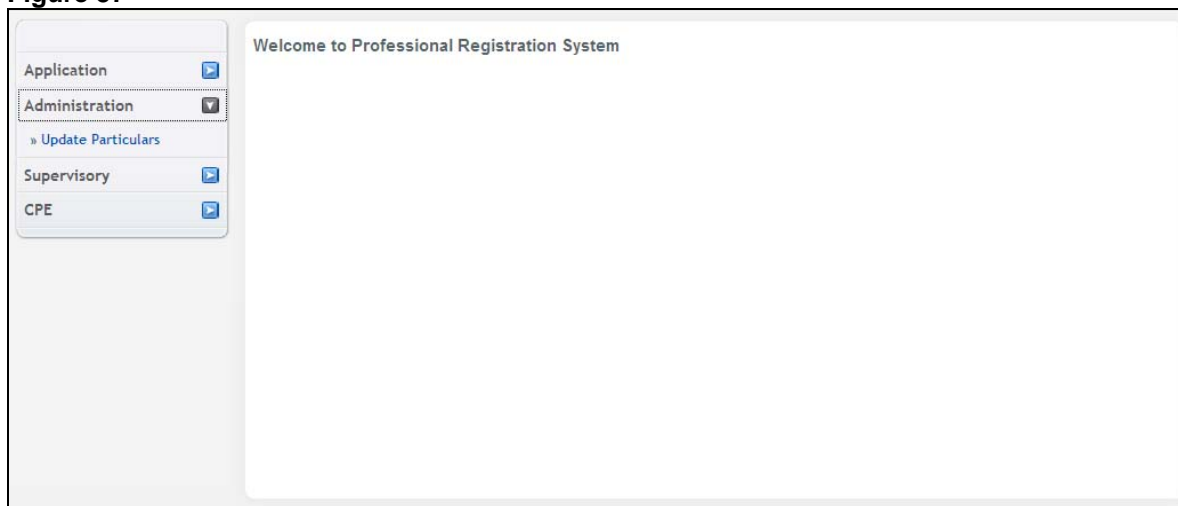
- Optional: Click on the [\[email\]](#) link to email TCMPB for any queries you may have regarding the application.  
Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

## 2.6. Update Particulars Application

For any changes in your particulars, you can update them through the Update Particulars function. You must first login to the PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in, click on the [\[Update Particulars\]](#) link.

Figure 57



The Update Particulars - Selection page will be displayed (Figure 58).

Note that professionals on full registration will also have the option to edit their employment details (Figure 59).

Figure 58

**Update Particulars - Selection** Form Confirmation Acknowledgement

Click [here](#) for important Instructions for applying renewal online.

I wish to update the following particulars:

<input type="radio"/>	Marital Status, Religion, Patient Contact and Contact details (contact numbers, addresses and preferred mailing address).
<input type="radio"/>	Identification Type/No., Name, Nationality, Residential Status and Employment details.

**Proceed**

Figure 59

**Update Particulars - Selection** Form Confirmation Acknowledgement

Click [here](#) for important instructions for updating particulars online.

I wish to update the following particulars:

<input type="radio"/>	Marital Status, Religion, Patient Contact and Contact details (contact numbers, addresses and preferred mailing address).
<input type="radio"/>	Identification Type/No., Name, Nationality, Residential Status and Employment details.

**Proceed**

To proceed to the Application Form page:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting an Update Particulars application.
- Indicate which set of the personal particulars you wish to update.
- Click on the [\[Proceed\]](#) button.

If the option “Marital Status, Religion and Contact Details” was selected, the following application form will be displayed. The input fields will be pre-loaded accordingly.

Figure 60

Update Particulars - Selection
Form
Confirmation
Acknowledgement

### Particulars of Applicant

---

Marital Status	<input type="text" value="Single"/>
Religion	<input type="text" value="--Select Here--"/>
Patient Contact (For Medical Doctors only)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N.A.
Preferred Email Address	<input type="text" value="nicholaskok@ncs.com.sg"/> (22/320)
Alternate Email Address	<input type="text"/> (0/320)
Home Telephone No.	<input type="text"/>
Office Telephone No.	<input type="text"/>
Mobile No.	<input type="text" value="81234567"/>

#### Other Address In Singapore

Postal Code	<input type="text"/>
Block/House No.	<input type="text"/>
Level - Unit No.	<input type="text"/> - <input type="text"/>
Street Name	-
Building Name	-

#### Foreign Address

Country	<input type="text" value="--Select Here--"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Address Line 4	<input type="text"/>
Contact No.	<input type="text"/>

#### Preferred Mailing Address

<input checked="" type="radio"/> Residential Address in Singapore (As in NRIC)	<input type="radio"/> Other Address In Singapore
<input type="radio"/> Foreign Address	<input type="radio"/> Principal Practice Place Address

To proceed to the Confirmation page:

- Make changes to the input fields, where required.
- Tip: You may click on the [\[Update Particulars - Selection\]](#) or [\[Personal\]](#) links at the top of the page to return to the respective pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs all pass the required validation checks, the Confirmation page will be displayed.

Figure 61

Update Particulars - Selection	Form	<b>Confirmation</b>	Acknowledgement
--------------------------------	------	---------------------	-----------------

### Particulars of Applicant

Marital Status	Single
Religion	-
Preferred Email Address	nicholaskok@ncs.com.sg
Alternate Email Address	-
Home Telephone No.	-
Office Telephone No.	-
Mobile No.	98765432

#### Other Address In Singapore

Postal Code	-
Block/ House No.	-
Level - Unit No.	-
Street Name	-
Building Name	-

#### Foreign Address

Country	-
Address Line 1	-
Address Line 2	-
Address Line 3	-
Address Line 4	-
Contact No.	-

#### Preferred Mailing Address

Preferred Mailing Address	Residential Address in Singapore (As in NRIC)
---------------------------	---

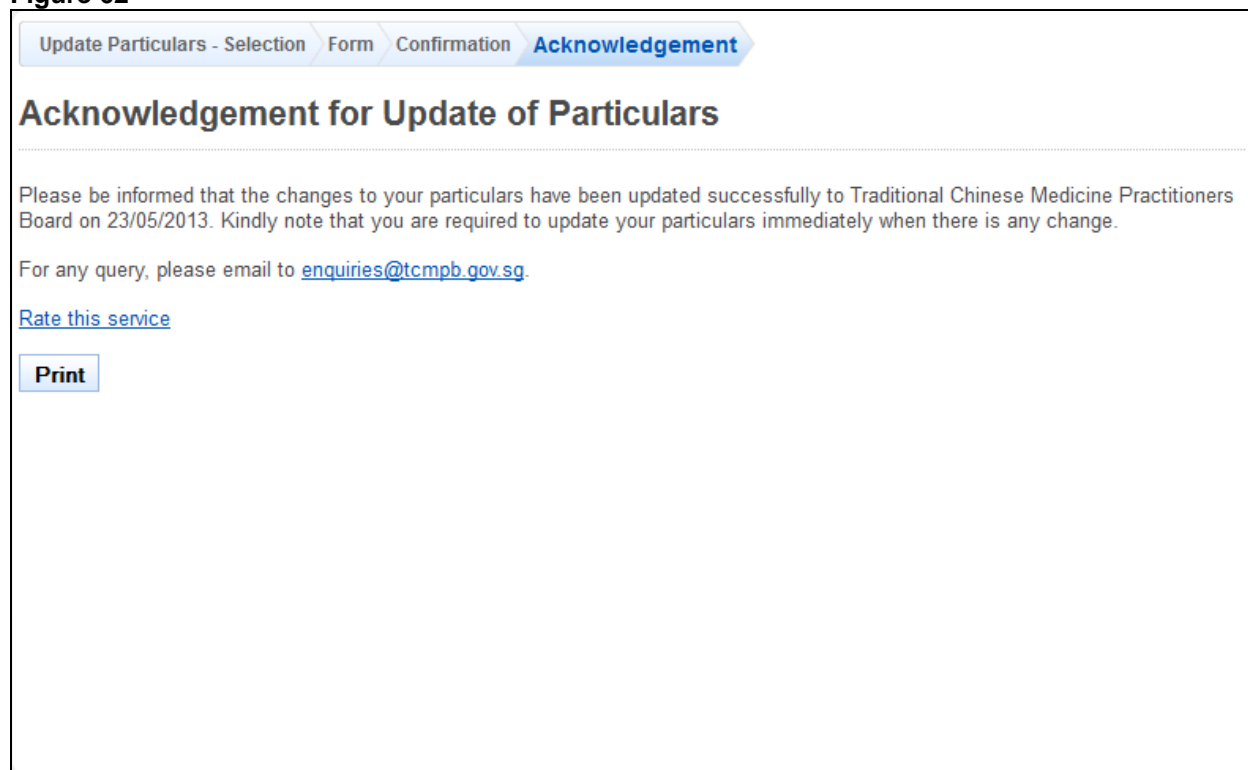
**Confirm**

To proceed to the Acknowledgement page:

- Tip: You may click on the [\[Update Particulars - Selection\]](#) or [\[Personal\]](#) links at the top of the page to return to the respective pages to make changes, if necessary.
- Click on the [\[Confirm\]](#) button

The Acknowledgement page will be displayed. Your particulars have been updated.

Figure 62



- Optional: Click the [\[email\]](#) link to email TCMPB for any queries
- Recommended: Click the [\[Print\]](#) button to print out a copy of the acknowledgement page.

If the option “Identification Type/No., Name, Nationality, and Residential Status.” was selected instead, the following application form will be displayed (Figure 63). The input fields will be pre-loaded with your last known information.

Note professionals on full registration will have the option to also edit their employment details in the application form.

Figure 63

Update Particulars - Selection
Form
Confirmation
Acknowledgement

### Update Personal Particulars

*Note that each update has to be accompanied with relevant supporting documents.*

<b>*Identification Type</b>	NRIC
<b>*Identification No.</b>	S8658838B
<b>*Full Name as shown in NRIC/FIN/Passport</b>	Matthew tan
<b>*Salutation</b>	Mr
Surname / Family Name	tan
Name in Chinese Character	
<b>*Nationality</b>	SINGAPORE CITIZEN
Year Obtained Citizenship	yyyy
Other Nationality	--Select Here--
Residential Status (for non-Singapore Citizen)	--Select Here--
Year Permanent Resident Obtained	yyyy
Year Employment Pass Obtained	yyyy
Year Work Permit Obtained	yyyy



#### Current Employment Details

<b>*Activity Status</b>	Working Full-time in Singapore
<b>*Appointment</b>	--Select Here--
<b>*Appointment Effective Date</b>	20/04/2010
<b>*Name of Institution/ Organisation</b>	CITYMED HEALTH ASSOCIATES PTE LTD, 19, KEPPEL RD, #01-19, KEPPEL RD #01-01 JIT POH BUILDING Singapore 089058
Nature of Work	--Select Here--
Department/ Division	
<b>*Date Joined</b>	20/04/2010
Date Left	dd/mm/yyyy

#### Proposed Employment Details

<b>*Activity Status</b>	--Select Here--
Appointment	--Select Here--
Appointment Effective Date	dd/mm/yyyy
Name of Institution/ Organisation	
Nature of Work	--Select Here--
Department/ Division	
Date Joined	dd/mm/yyyy
Date Left	dd/mm/yyyy

**Principal Practice Place**

*Appointment	TCM Physician ▾
*Name of Institution / Organisation	ACCORD DENTAL CLINIC, 442, PASIR RIS DR 6, #01-26 442, PASIR RIS DR 6 #01-26 Singapore 510442
Nature of Work	--Select Here-- ▾
Department / Division	<input type="text"/>
*Date Joined	01/01/2007 
Date Left	dd/mm/yyyy 

**Secondary Place of Practice**

Name of Institution / Organisation	Appointment	Nature of Work	Department / Division	Date Joined	Date Left	Action
No Secondary Place of Practice added.						

**Add Secondary Place of Practice**

**Additional Documents**

**Note:**

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title: --Select Here-- ▾

File:  **Browse..** **Attach**

**Documents Attached**

No document attached.

**Save** **Proceed**

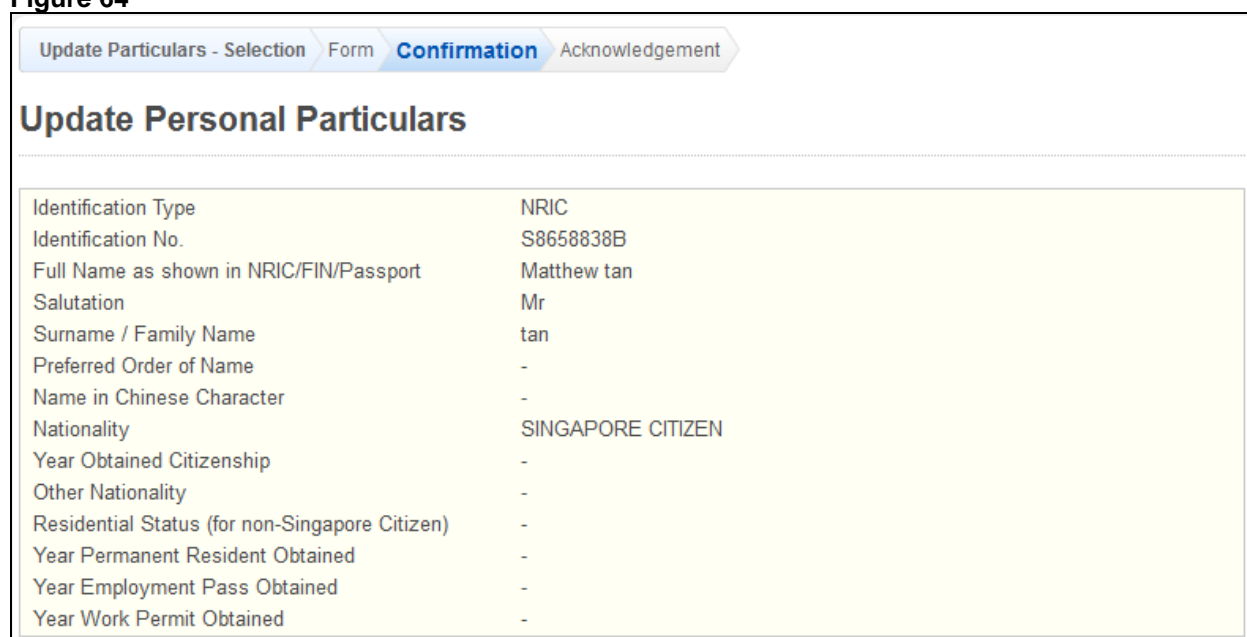
To proceed to the Confirmation page:

- Make changes to the input fields, where necessary.
- Upload supporting documents, where necessary.
- Click on the **[Save]** button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the **[Proceed]** button.

If the inputs pass the required validation checks, the Confirmation page will be displayed. The following is an extract.



Figure 64



Update Particulars - Selection	Form	<b>Confirmation</b>	Acknowledgement
--------------------------------	------	---------------------	-----------------

### Update Personal Particulars

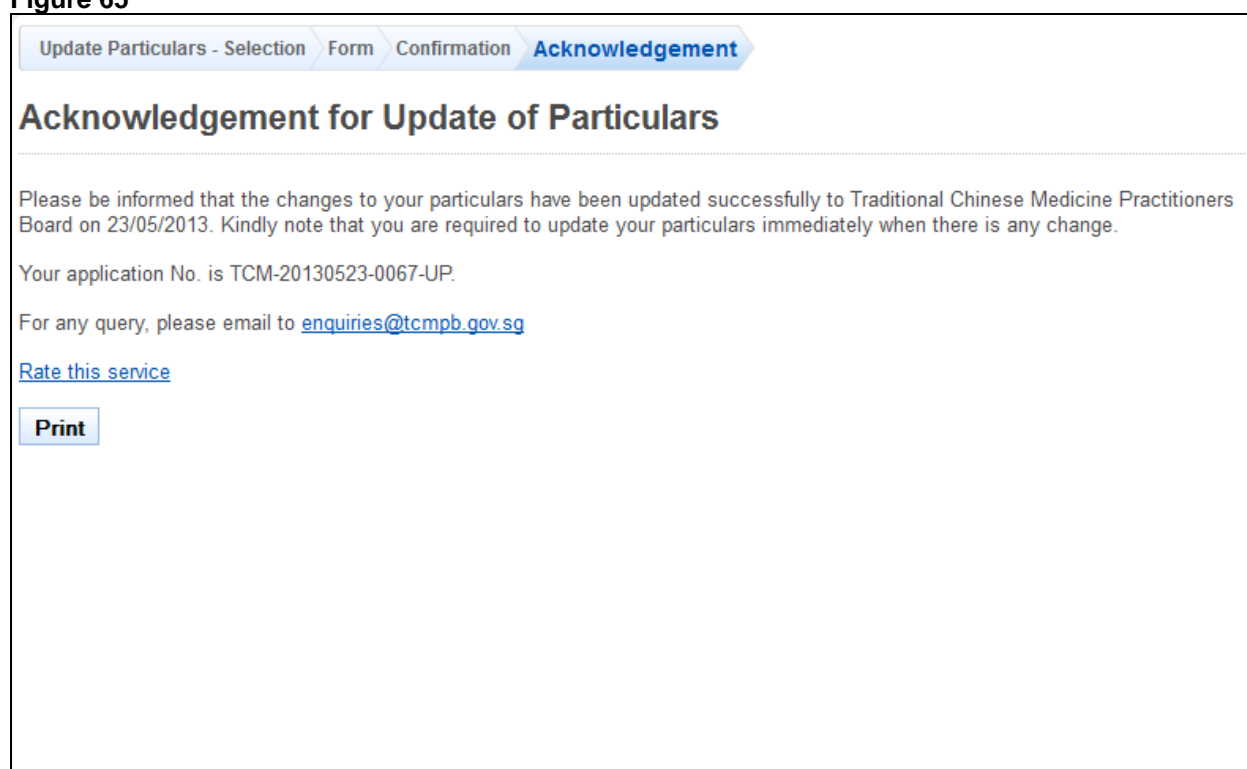
Identification Type	NRIC
Identification No.	S8658838B
Full Name as shown in NRIC/FIN/Passport	Matthew tan
Salutation	Mr
Surname / Family Name	tan
Preferred Order of Name	-
Name in Chinese Character	-
Nationality	SINGAPORE CITIZEN
Year Obtained Citizenship	-
Other Nationality	-
Residential Status (for non-Singapore Citizen)	-
Year Permanent Resident Obtained	-
Year Employment Pass Obtained	-
Year Work Permit Obtained	-

To proceed to the Acknowledgement page:

- Click on the [\[Attached Document\]](#) link to check through the details of the respective Attached Document
- Click on the [\[Confirm\]](#) button

The Acknowledgement page will be displayed. An application will be sent to TCMPB for processing. Once it is approved, your particulars will be updated accordingly.

Figure 65



Update Particulars - Selection Form Confirmation **Acknowledgement**

### Acknowledgement for Update of Particulars

Please be informed that the changes to your particulars have been updated successfully to Traditional Chinese Medicine Practitioners Board on 23/05/2013. Kindly note that you are required to update your particulars immediately when there is any change.

Your application No. is TCM-20130523-0067-UP.

For any query, please email to [enquiries@tcmpb.gov.sg](mailto:enquiries@tcmpb.gov.sg)

[Rate this service](#)

[Print](#)

- Optional: Click on the [\[email\]](#) link to email TCMPB for queries

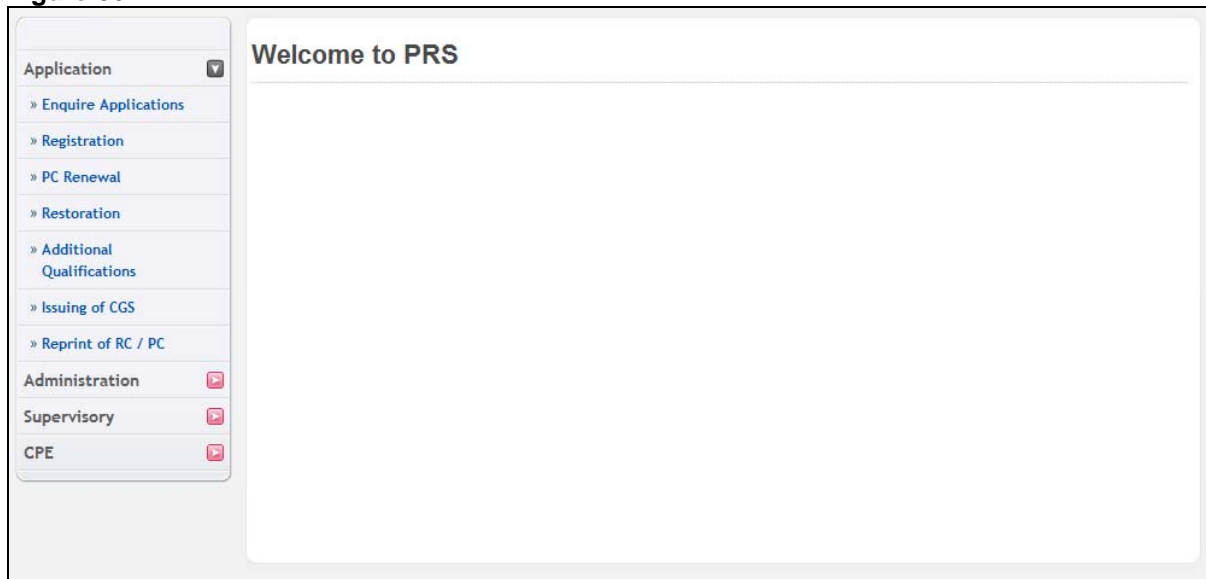
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the Acknowledgement pag

## 2.7. Additional Qualifications Application

You can submit post-registration qualifications through the Additional Qualifications function. You will first need to login to PRS. Refer to [2.2 Login to the PRS](#) for more information.

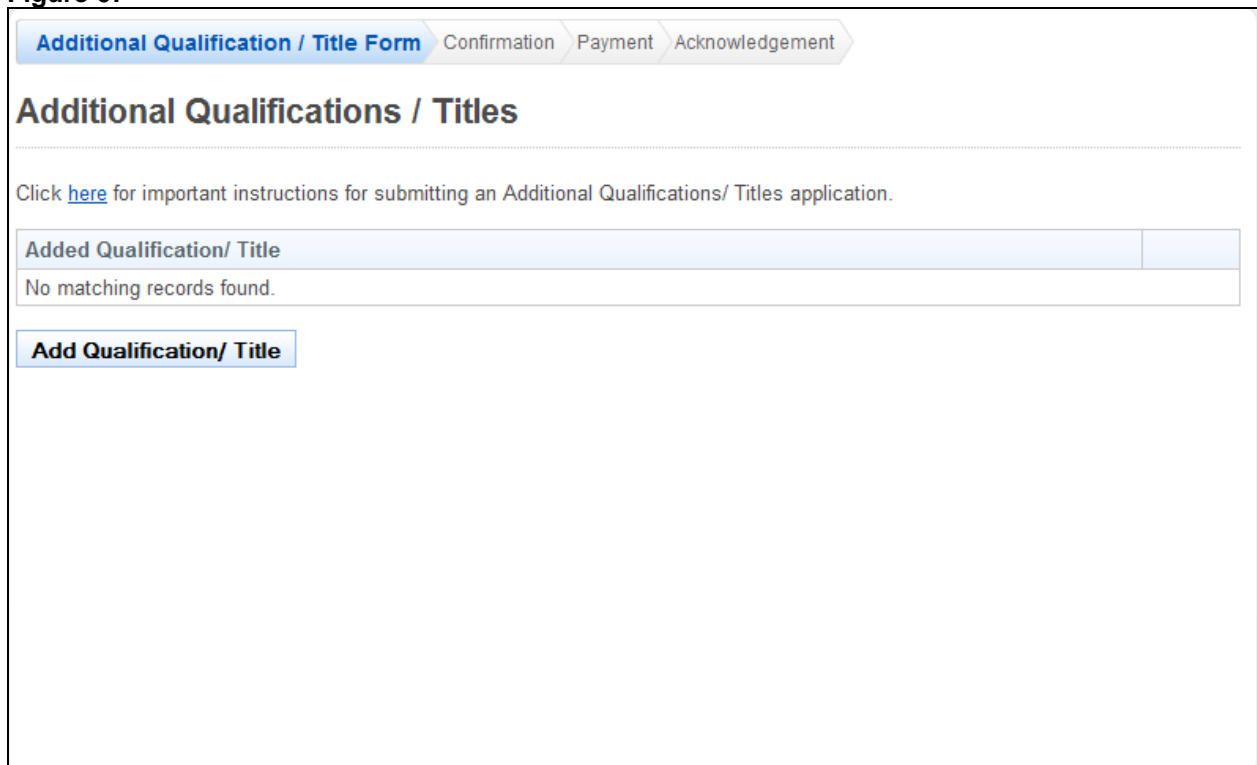
After logging in, access the Additional Qualifications function by clicking on the [\[Additional Qualifications\]](#) link.

Figure 66



The Additional Qualifications application form will be displayed.

Figure 67



To add an additional qualification / title:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting an Additional Qualification/Titles application.
- Click on the [\[Add Qualifications / Title\]](#) button to add new qualifications or title. A pop-up window will appear. Refer to the following screen.

Figure 68

### Application for AQ

Note: All Fields marked with asterisk (\*) are mandatory.

#### Additional Qualification/ Title Details

*Awarding Country	--Select Here--
*Awarding University/ Institution	--Select Here--
*Qualification/ Title Type	--Select Here--
*Qualification/ Title	--Select Here--
Abbrev. Of Qualification/ Title	<input style="width: 100%;" type="text"/>
Specialty/ Subspecialty	--Select Here--
Field of Interest	--Select Here--
Programme Type	<input type="radio"/> Full-time <input type="radio"/> Part-time
Course Duration	<input style="width: 50px;" type="text"/> months
*Year Obtained	<input style="width: 50px;" type="text"/>

#### Mandatory Documents

**Note:**

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title	Certified authenticated English translation of Bachelor Degree in Medicine
*File	<input style="width: 100%;" type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	Certified authenticated English translation of Graduation Certificate
*File	<input style="width: 100%;" type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	Certified true copy of Bachelor Degree in Medicine
*File	<input style="width: 100%;" type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	Certified true copy of Graduation Certificate
*File	<input style="width: 100%;" type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	Original letter of verification from the issuing authority of TCM qualification
*File	<input style="width: 100%;" type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>

#### Additional Documents

Document Title	--Select Here--
File	<input style="width: 100%;" type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>

**Attached Documents**

No document attached.

- Enter information about the qualification that you wish to add. Ensure all mandatory fields are filled in.

- Upload the necessary supporting documents.
- Click on the **[Save]** button. If your inputs satisfy the validation checks, the pop-up will close and a new record will be added to the table. Click on the **[Cancel]** button to close the pop-up without saving your changes.

The main page will look like the following when records have been successfully added to the Added Qualification/ Title table.

Figure 69

The screenshot shows a web interface for managing qualifications and titles. At the top, there is a breadcrumb trail: 'Additional Qualification / Title Form' (highlighted in blue), 'Confirmation', 'Payment', and 'Acknowledgement'. Below this is the main heading 'Additional Qualifications / Titles'. A link 'Click [here](#) for important instructions for submitting an Additional Qualifications/ Titles application.' is provided. A table with the following content is displayed:

Added Qualification/ Title	
<a href="#">QUAL 1</a>	<a href="#">Delete</a>

Below the table, there are two buttons: 'Add Qualification/ Title' and 'Proceed'.

- Tip: Click on the **[Added Qualification / Title]** link to make changes to the respective Qualification / Title.
- Tip: Click on the **[Delete]** link if you wish to remove Qualification / Title from your application.
- Click on the **[Proceed]** button.

If the inputs all pass the required validation checks, the Confirmation page will be displayed.

Figure 70

Additional Qualification / Title Form **Confirmation** Payment Acknowledgement

### Additional Qualification

Added Qualification/ Title
QUAL 1

**Confirm**

To proceed to the Payment page:

- Recommended: Click on the **[Qualification / Title]** link to check through the details of the respective qualification / title you have choose to submit.
- Tip: You may click on the **[Additional Qualification / Title - Form]** link at the top of the page to return to the previous page to make changes, if necessary.
- Click on the **[Confirm]** button.

The Payment page will be displayed.

Figure 71

Additional Qualification / Title - form Confirmation **Payment** Acknowledgement

### Additional Qualification

Please note that the following fee(s) is/are non-refundable

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application for Additional Qualification	XX.XX	6	YY.YY

**Proceed**

To proceed to the Acknowledgement page:

- Click on **[Proceed]** button

The BillCollect payment interface will be displayed. Follow the on screen instructions to make payment. After payment is completed, the Acknowledgement page will be displayed.

Figure 72

Additional Qualification / Title Form   Confirmation   Payment   **Acknowledgement**

### Additional Qualification

Please be informed that your application request has been submitted to Traditional Chinese Medicine Practitioners Board on 23/05/2013. Please print / save a copy of this acknowledgement for your reference.

Your application(s) are

Name of Qualification	Application No
Q1	TCM-20130523-0073-AQ

You may check the status of your application online using your Registration No. and password. For any query, please email to [enquiries@tcmpb.gov.sg](mailto:enquiries@tcmpb.gov.sg) and quote the above application no.

[Rate this service](#)

**Print**

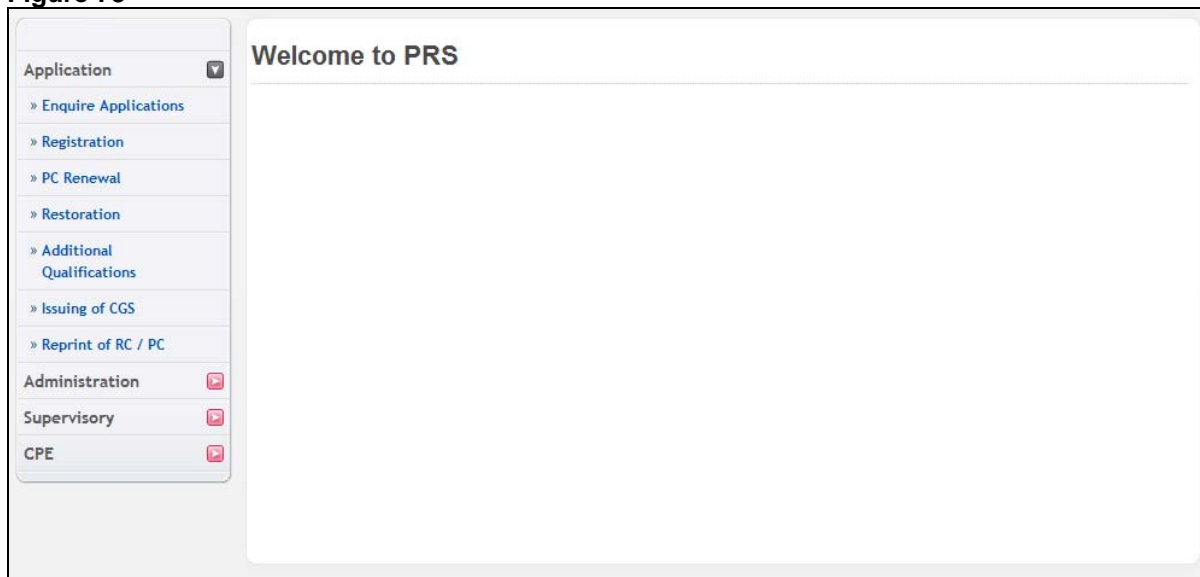
- Optional: Click on [\[email\]](#) link to email TCM PB for any queries you may have pertaining to the application.
- Recommended: Click on [\[Print\]](#) button to print out a copy of the acknowledgement page.

## 2.8. CGS Application

If you require a CGS, you may request for one through the Issuing of CGS function. You will first need to log in to PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in successfully, click on the [\[Issuing of CGS\]](#) link to access the function.

Figure 73



The Issuing of CGS application form will be displayed.

Figure 74

CGS - Form
Confirmation
Payment
Acknowledgement

### Application for Certificate of Good Standing (CGS)

Click [here](#) for important instructions for applying Certificate of Good Standing online.  
Note: All Fields marked with asterisk (\*) are mandatory.

I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by  
 Mail  Hand

**Reason for Application**

*Reason	--Select Here--	▼
Depart to Country	--Select Here--	▼
Departure Date	dd/mm/yyyy	
Return Date	dd/mm/yyyy	

**Details of Requesting Authority**

Send By	Person to Address To	Address	Country	Requesting Authority	Action
No Requesting Authority added.					

**Add Requesting Authority**

**Additional Documents**

**Note:**

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title

File

---

**Documents Attached**

No document attached.

---

I declare that the particulars and information stated in this application are true, authentic and remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

I declare that I have not been charged with any offence in a court of law in any country for which the outcome is not yet known.

I am also aware that it is a criminal offence to make any false statements and/or to provide any false information to the Traditional Chinese Medicine Practitioners Board.

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting an Issuing of CGS application.
- Tick the checkbox if the requesting authority requires TCM PB to fill in additional forms.
  - Indicate whether you will submit the forms to TCM PB by mail or by hand
- Select the **Reason** for your CGS request.
- Optional: Select the overseas country you will be departing to, if applicable.
- Optional: Enter the **Departure Date**.
- Optional: Enter the **Return Date**.
- Click on the [\[Add Requesting Authority\]](#) button to open a pop-up the window to add a Requesting Authority. The Add Requesting Authority form will be displayed.

Figure 75

**Details of Requesting Authority**

---

\*Send By

Name of Requesting Authority  (0/255)

Person to Address To  (0/150)

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Country

To add Requesting Authority

- Select the method to **Send By**.



- If you have selected “self-collection”, you will be required to provide the reason in the text box that appears.
- Enter the **Name of Requesting Authority**.
- Optional: Enter the **Person to Address to**.
- Enter the **Address Line 1**.
- Optional: **Enter Address Line 2**, if applicable.
- Optional: **Enter Address Line 3**, if applicable.
- Optional: **Enter Address Line 4**, if applicable.
- Select the **Country**.
- Click on the **[Cancel]** button to discard the document and close the window.
- Click on the **[Save]** button.

Back on the CGS – Form main page:

- Tip: Click on the link in the Requesting Authority column if you wish to make changes to the respective requesting authority
- Tip: Click on the **[Delete]** link if you wish to remove the respective requesting authority from your application.
- Upload any necessary supporting documents to accompany your application.
- Click on the **[Save]** button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to 2.11 Enquire Applications for more information.
- Click on the **[Proceed]** button.

If the inputs pass the required validation checks, the confirmation page will be displayed.

Figure 76

CGS - Form
**Confirmation**
Payment
Acknowledgement

## Application for Certificate of Good Standing (CGS)

I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by Hand

### Reason for Application

Reason	Working Overseas
Depart to Country	Bahrain
Departure Date	-
Return Date	-

### Details of Requesting Authority

Requesting Authority	Person to Address To	Address	Country	Send By
Mark	Wendy	hougang	Albania	Self-Collection (busy)

### File

[Document Title 1](#)

To proceed to the Payment page:

- Tip: You may click on the **[CGS - Form]** link at the top of the page to return to the previous page to make changes, if necessary.
- Click on the **[Confirm]** button.

The Payment page will be displayed.

Figure 77

The screenshot shows a navigation bar with four tabs: 'CGS - Form', 'Confirmation', 'Payment' (which is highlighted in blue), and 'Acknowledgement'. Below the navigation bar is the title 'Application for Certificate of Good Standing (CGS)'. A message states: 'Please note that the following fee(s) is/are non-refundable. If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.' Below this message is a table with the following data:

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Certificate of Good Standing	XX.XX	1	XX.XX

At the bottom of the page, there is a button labeled 'Proceed'.

To proceed to the Acknowledgement page:

- Click the **[Proceed]** button. The BillCollect payment interface will be displayed. Follow the on screen instructions to make your payment.

Once payment has been completed, the Acknowledgement page will be displayed.

Figure 78

The screenshot shows a navigation bar with four tabs: 'CGS - Form', 'Confirmation', 'Payment', and 'Acknowledgement' (which is highlighted in blue). Below the navigation bar is the title 'Application for Certificate of Good Standing (CGS)'. A message states: 'Please be informed that your Application for CGS / Verification of Registration/Enrolment request has been submitted to Traditional Chinese Medicine Practitioners Board on 23/05/2013. Please print / save a copy of this acknowledgement for your reference.' Below this message, it says 'Your application(s) are' followed by a table:

Mark	TCM-20130523-0074-CGS
------	-----------------------

Below the table, it says 'You may check the status of your application online using the same User ID and password. For any query, please email to [enquiries@tcmpb.gov.sg](mailto:enquiries@tcmpb.gov.sg) and quote the above application no.' There is also a link '[Rate this service](#)'. At the bottom of the page, there is a button labeled 'Print'.

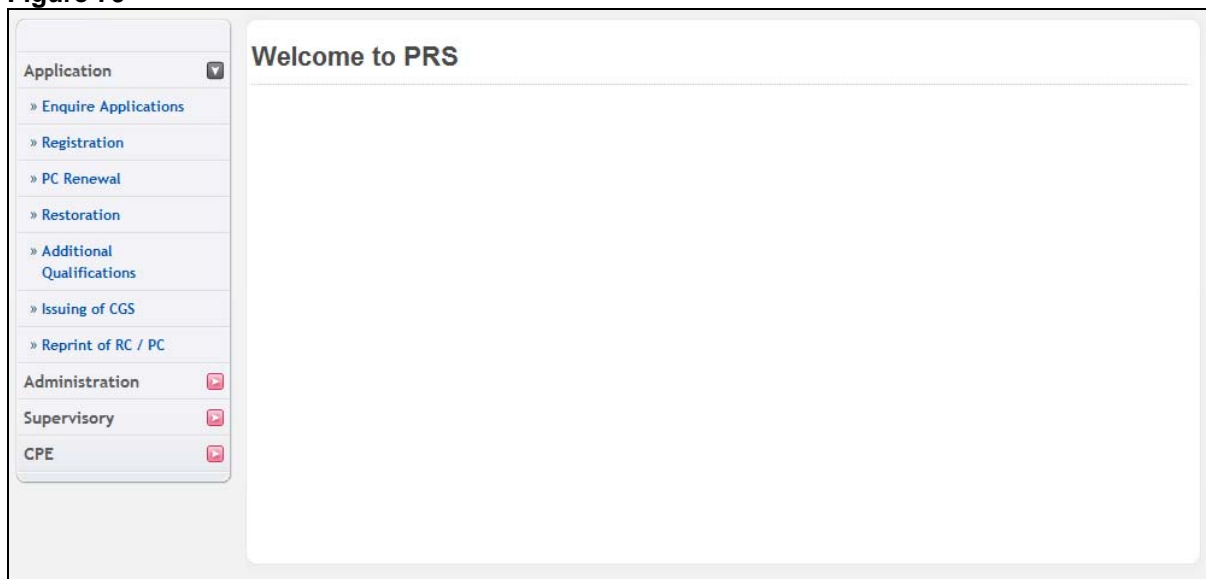
- Optional: Click on [\[email\]](#) link to email TCMPB for any queries you may have pertaining to the application.
- Recommended: Click on [\[Print\]](#) button to print out a copy of the acknowledgement page.

## 2.9. Reprint of RC / PC Application

You may use the Reprint of PC / RC function to request for a reprint or certified true copy of your PC / RC. You will first need to login to PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in, click on the [\[Reprint of RC / PC\]](#) link.

Figure 79



The Reprint of RC / PC application form will be displayed.

Figure 80

Reprint RC/PC-Form
Confirmation
Payment
Acknowledgement

## Reprint of PC and RC

Click [here](#) for important Instructions for requesting Reprint of RC/PC

All fields marked with asterisk (\*) are mandatory

### General Information

Registration No	T1303096A
Name	Matthew tan
Registration Type	Full Registration

### Application For Reprint Of RC/PC

\*Request for:

Replacement of Original Registration Certificate, for:

TCM Physician

Replacement of Original Practising Certificate , for:

TCM Physician

Certified True Copy of Registration Certificate, for:

TCM Physician , no. of copies

\*Reason for Application

\*Send Certificate by

### Additional Documents

Document Title	<input style="width: 90%;" type="text" value="--Select Here--"/>
File	<input style="width: 150px;" type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>

**Documents Attached**

No document attached.

To proceed to the Confirmation page:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting an Reprint of PC / RC application.
- Tick the respective checkboxes to indicate the service you require.
- Select the **Reason for Application**.
  - If others, enter the reason on the text box that appears.
- Select the method to **Send Certificate By**.
  - If sending by mail, select the address to send to.
- Upload the necessary supporting documents, if any, to accompany your application.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.11 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs all pass the required validation checks, the Confirmation page will be displayed.

Figure 81

Reprint RC/PC-Form	<b>Confirmation</b>	Payment	Acknowledgement
--------------------	---------------------	---------	-----------------

## Reprint of PC and RC

---

### General Information

Registration No	T1303096A
Name	Matthew tan
Registration Type	Full Registration

### Application For Reprint Of RC/PC

Request for:	
1. Replacement of Original Registration Certificate, for: TCM Physician	
2. Replacement of Original Practising Certificate	
3. Certified True Copy of Registration Certificate TCM Physician , no. of copies: 1	
Reason for Application	Stolen
Send Certificate by	Self-Collection
Mailing Address	

<b>Documents Attached</b>
<a href="#">Document Title 1</a>

**Confirm**

To proceed to the Payment page:

- Tip: You may click on the [\[Reprint RC/PC - Form\]](#) link at the top of the page to return to the previous page to make changes, if necessary.
- Click on the [\[Confirm\]](#) button.

The Payment page will be displayed.

Figure 82

Reprint RC/PC-Form Confirmation **Payment** Acknowledgement

### Reprint of PC and RC

Please note that the following fee(s) is/are non-refundable.  
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Replacement of Original Registration Certificate	XX.XX	1	XX.XX
Replacement of Original Practising Certificate	XX.XX	1	XX.XX
Certified True Copy of Registration Certificate	XX.XX	1	XX.XX

**Proceed**

To proceed to the last stage of the application (i.e.: Acknowledgement)

- Click on the **[Proceed]** button. The BillCollect payment interface will be displayed. Follow the on screen instructions to make your payment.

Once payment has been completed, the Acknowledgement page will be displayed.

Figure 83

Reprint RC/PC-Form Confirmation Payment **Acknowledgement**

### Reprint of PC and RC

Please be informed that your application request has been submitted to Traditional Chinese Medicine Practitioners Board on 23/05/2013. Please print / save a copy of this acknowledgement for your reference.

Your application number(s) is/are

Replacement of Original Registration Certificate:TCM-20130523-0076-RRC
Replacement of Original Practising Certificate:TCM-20130523-0077-RPC
Certified True Copy of Registration Certificate:TCM-20130523-0078-RTC

You may check the status of your application online using the same User ID. and password. For further query, please email to [enquiries@tcmpb.gov.sg](mailto:enquiries@tcmpb.gov.sg) and quote the above Application No.

[Rate this service](#)

**Print**

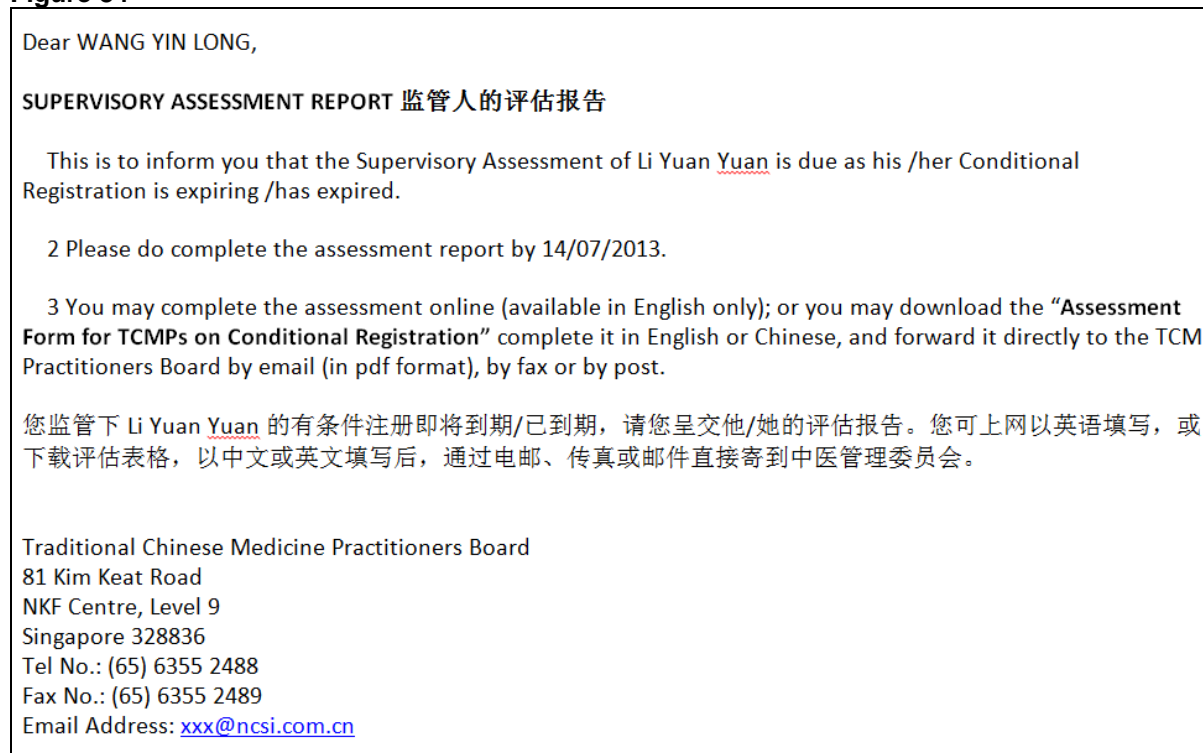
- Optional: Click on [\[email\]](#) link to email TCMPB on any queries pertaining to the application.
- Recommended: Click on [\[Print\]](#) button to print out a copy of the acknowledgement page.

## 2.10. Supervisory

### 2.10.1. Assessment Report Request

An email will be sent to the supervisor when the HPE officer makes a request for the submission of the assessment report. Upon receiving the email, the supervisor can proceed to the PRS website provided in the email to proceed with the submission of the assessment report.

**Figure 84**



Example of an email for request of assessment report

The login page will be displayed on the web browser as shown below. The supervisor will be required to login using their user ID and password.

Figure 85


**Login**

[Instructions for Authorised Users](#)

Healthcare Professionals:  
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

HR Personnel:  
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to <HPE Address>.

CPE Providers / Professional Bodies  
You may login via your User ID and password. If you do not have an account, please click [here](#) to submit your application for an online account.

 Singapore Personal Access

User ID ?

Password

[Reset Password](#)

Login screen for PRS

The screenshot below shows the page after the supervisor has logged in. To proceed, the supervisor can click on “Pending Assessment Reports” hyperlink to view the list of pending assessment reports currently assigned to him.

Figure 86

**Welcome to PRS**

- Application
- Administration
- Supervisory
  - » Pending Assessment Reports
  - » Check Submission Status
- CPE

Landing page for supervisor



On the pending assessment report page, the supervisor can may proceed by clicking on the S/N (as circled below) to begin working on the assessment report.

Figure 87

Pending Assessment Reports							
S/N	Supervisee	Registration Type	Type of Register	Level of Supervision	Assessment Period	Submission Due Date	Status
1	Teng Lee Chu (T030271)	Conditional Registration		L1	06/11/2012 - 13/11/2013	28/11/2013	Supervisor Informed

Pending assessment report page with pending assessments

The following shows an example of an assessment report that is needed to be completed. User will have to fill in the respective details (Grades and comments) before submitting the report.

Figure 88

### ASSESSMENT REPORT

Note: All Fields marked with asterisk (\*) are mandatory.

#### SUPERVISEE INFORMATION

Name	AN LIPING	Regn No.	T1102705G
Employer	-	Appointment	TCM Physician
Type of Register	TCM Physician	Practice Place	-
Registration Type	Conditional Registration	Level of Supervision	L1
Restriction	-	Condition	Beijing Tong Ren Tang Science Arts (S) Co Pte Ltd (clinics at Upper Cross Street, Buangkok View and Irrawaddy Road)
Assessment Period	27/04/2012 - 26/04/2014	Assessment No.	3

For instructions on completing the assessment report, click [here](#)

#### ASSESSMENT DETAILS

Criteria	Grade	Comments, if any
1. Quality of Clinical Work 临床表现素质	--Select Here--	(0/2000)
2. Dedication and Commitment 工作态度	--Select Here--	(0/2000)
3. Basic Professional Knowledge (include the ability to apply the basic principles correctly in clinical work) 基本专业知识 (包括能正确地运用在临床上)	--Select Here--	(0/2000)
4. Readiness to Accept Advice 愿意接受他人?	--Select Here--	(0/2000)
5. Rapport with Patients 与病人的关系	--Select Here--	(0/2000)
6. Rapport with Colleagues 与同事的关系	--Select Here--	(0/2000)
7. How often do you come into contact with this TCM practitioner whom you are supervising? 您与受评估者的接触有多频繁?		(0/2000)
8. Based on the TCM practitioner's ability to manage patients safely and competently, should he/she be allowed to continue practice in Singapore? 根据受评估者对妥善和安全地处理病人的能力, 他/她是否可以被允许继续在新加坡从事中医执业吗?	--Select Here--	(0/2000)
9. List of seminars / talks conducted during the period under conditional registration (if applicable) 在有条件注册期间主持/参与的研讨会/讲座列单 (若有的话)		(0/2000)
10. I confirm that the TCM practitioner has fulfilled all conditions imposed by the Board on his/hr conditional registration. Proof of fulfillment of these conditions will be provided to the Board at their request. 我确认被评估的中医职业者有遵守管委会对他/她的有条件注册所设下的所有条件。遵守条件的证明会在管委会的要求下呈交。		(0/2000)
Overall Grading 总评估	--Select Here--	

Example of an assessment report (continued)

Upon submission of the report, the pending assessment report should be removed from the supervisors' Pending Assessments Report (Refer to screen below)

Figure 89

S/N	Supervisee	Registration Type	Type of Register	Level of Supervision	Assessment Period	Submission Due Date	Status
No matching records found.							

Pending assessment report page with no pending assessments

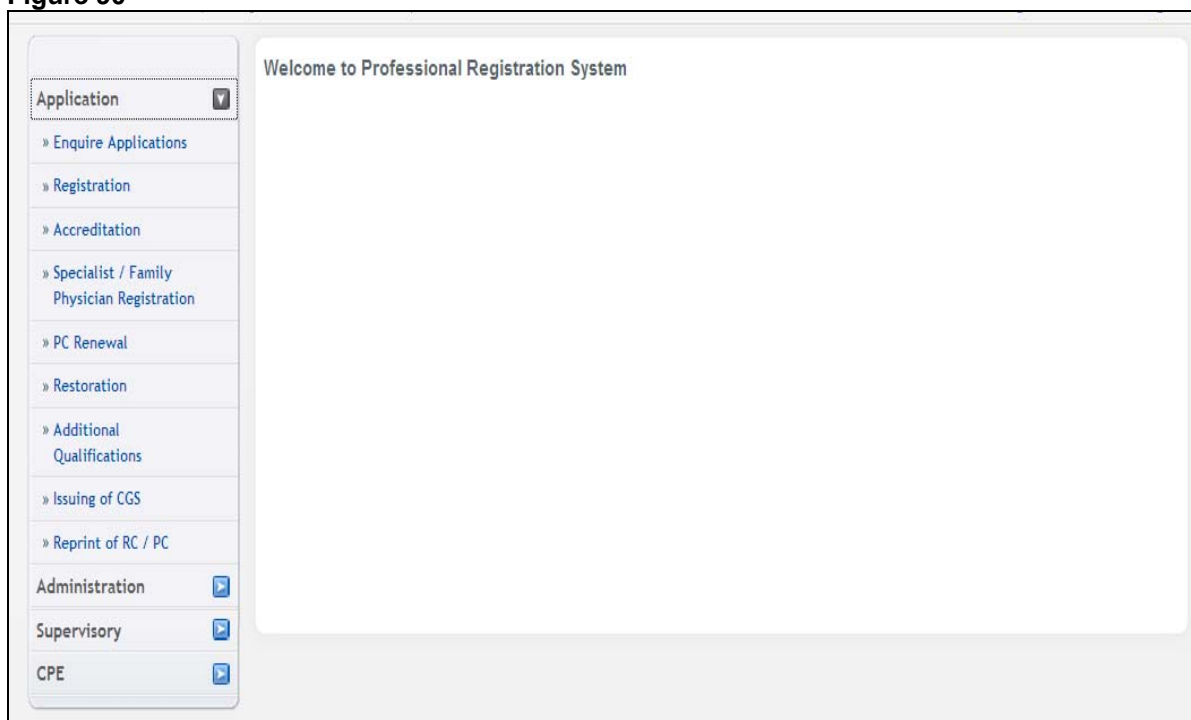
### 2.11. Enquire Applications

You can utilize the Enquire Applications function to do the following:

- Continue your saved drafts
- View the details of submitted applications
- Upload documents for applications where the current status is "Pending Supporting Documents".

You will first need to login to PRS. Refer to [2.2 Login to the PRS](#) for more information. After logging in, click on the [\[Enquire Application\]](#) link.

Figure 90



The Enquire Applications page will be displayed as follows.

Figure 91

Enquire Applications

### Applications Submitted

Total record(s) found: 14

Application No.	Application Type	Date of Submission ▲	Application Status	Remarks
<a href="#">TCM-20130523-5432-FR</a>	Registration	23/05/2013	Approved	Printing of receipts: <a href="#">TCM-13-000008</a>
<a href="#">TCM-20130523-0064-PCR</a>	PC Renewal and Off-Register	23/05/2013	Pending Collection	-
<a href="#">TCM-20130523-0065-ROR</a>	Restoration of Registration	23/05/2013	Application Submitted	-
<a href="#">TCM-20130523-0066-UP</a>	Update Particulars	23/05/2013	Approved	-
<a href="#">TCM-20130523-0067-UP</a>	Update Particulars	23/05/2013	Application Submitted	-
<a href="#">TCM-20130523-0073-AQ</a>	Additional Qualification	23/05/2013	Application Submitted	-
<a href="#">TCM-20130523-0074-CGS</a>	CGS	23/05/2013	Application Submitted	-
<a href="#">TCM-20130523-0076-RRC</a>	Reprint of PC and RC	23/05/2013	Application Submitted	-
<a href="#">TCM-20130523-0077-RPC</a>	Reprint of PC and RC	23/05/2013	Application Submitted	-
<a href="#">TCM-20130523-0078-RTC</a>	Reprint of PC and RC	23/05/2013	Application Submitted	-

Page 1 2
[\[First\]](#) | [\[Previous\]](#) | [\[Next\]](#) | [\[Last\]](#)

Carrying on with a draft:

- Click on the link in the Application No. column, where the Application Status is “Draft”. The application form will be loaded and you may proceed with filling in the application.

Viewing the details of submitted applications:

- Click on the link in the Application No. column, where the Application Status is not “Draft”. The details you entered for the submitted application will be displayed. They will be read only and non-editable.

Uploading of additional supporting documents:

- Click on the [\[here\]](#) link in the Remarks column the Application Status is “Pending Supporting Documents”.

The Attach Document form will be displayed as follows.

Figure 92

Note:  
- File must be in JPEG(.jpg or .jpeg), PDF(.pdf)  
- Each file size must not exceed 1MB

**Application No.:** TCM-20110917-1236-EXM

**Remarks**  
Please attach letter of offer.

**Additional Documents**

Document Title	--Select Here--	
Upload Document	<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Attach"/>

Documents Attached		
<a href="#">Employment Pass</a>	<a href="#">Replace</a>	<a href="#">Delete</a>
<a href="#">Testimonial</a>	<a href="#">Replace</a>	<a href="#">Delete</a>

To proceed to the Acknowledgement page:

- Select the **Document Title**.
  - If others, enter the document title in the text box that appears.
- Click the **[Browse]** button. A file dialog box will appear. Select the file you wish to upload.
- Click on the **[Open]** button.
- Click on the **[Attach]** button. The document will appear in the Documents Attached table.
- Tip: To view uploaded documents, click on the hyperlink for the document title.
- Tip: Click on the **[Replace]** link to replace the respective document.
- Tip: Click on the **[Delete]** link to remove the respective document.
- Click on the **[Proceed]** button.

The Acknowledgement form will be displayed as follows.

Figure 93

Please be informed that the additional documents have been submitted successfully to Traditional Chinese Medicine Practitioners Board on 01/01/2001. Please print / save a copy of this acknowledgement for your reference.

Your application no. is TCM-20110917-1236-EXM.

You may check the status of your application online using the same User ID and password. For any query, please email to [enquiries@tcmpb.gov.sg](mailto:enquiries@tcmpb.gov.sg) and quote the above application no.

- Optional: Click on the **[email]** link to email TCMPB for any enquiries pertaining to the application.
- Recommended: Click on the **[Print]** button print a copy of the acknowledgement page.

## 2.12. Professional Search

### 2.12.1. Search by Name

The menu on the top displays the functions you have access to. To make a Professional Search by Name, click on the **[Search by Name]** menu item.

The Search by Name page will be displayed as follows.

Figure 94

#### Search Details

Provide information about the Professional that you are searching for

- Enter **Name** and/or enter **Name of Place of Practice**
- Select the language.
- Should you wish to search for the Name field which starts with a particular set of characters, tick the **Names starting with...** after entering them in the **Name** field.
- Should you wish to search for the professional using his/her Registration Number you can:
  - Click on the [[More Search Options](#)] link then Enter Registration Number.
- Select Dentist or Oral Health Therapist.
- Should you wish to search for the professional by selecting the register you can:
  - Click on the [[More Search Options](#)] link then tick the different types of registers.
- Click on the [[Search](#)] button

The records will be displayed as follows.

Figure 95

- Click on the [[View more details](#)] link to view the respective Professional
- Click on the [[Back to Top](#)] link to return to the top of the page.
- Click on the [[Reset Search](#)] link to do a search again.
- Click on the links at the bottom right to navigate through the pages.

#### 2.12.2. Search by Location

The menu on the top displays the functions you have access to. To make a Professional Search by Location, click on the [\[Search by Location\]](#) menu item.

The Search by Location page will be displayed as follows.

Figure 96

Search by Name 姓名查询    **Search by Location 地点查询**    Search by Region 区域查询

My Postal Code 邮区     Range 范围 1 Km

▶ More Search Options 更多查询项目

Registration Number (Optional) 注册号码(可不填)

All Registers 所有注册类别  
 Selected Type of Registers 选择注册类别

Acupuncturist 针灸师     TCM Physician 中医师

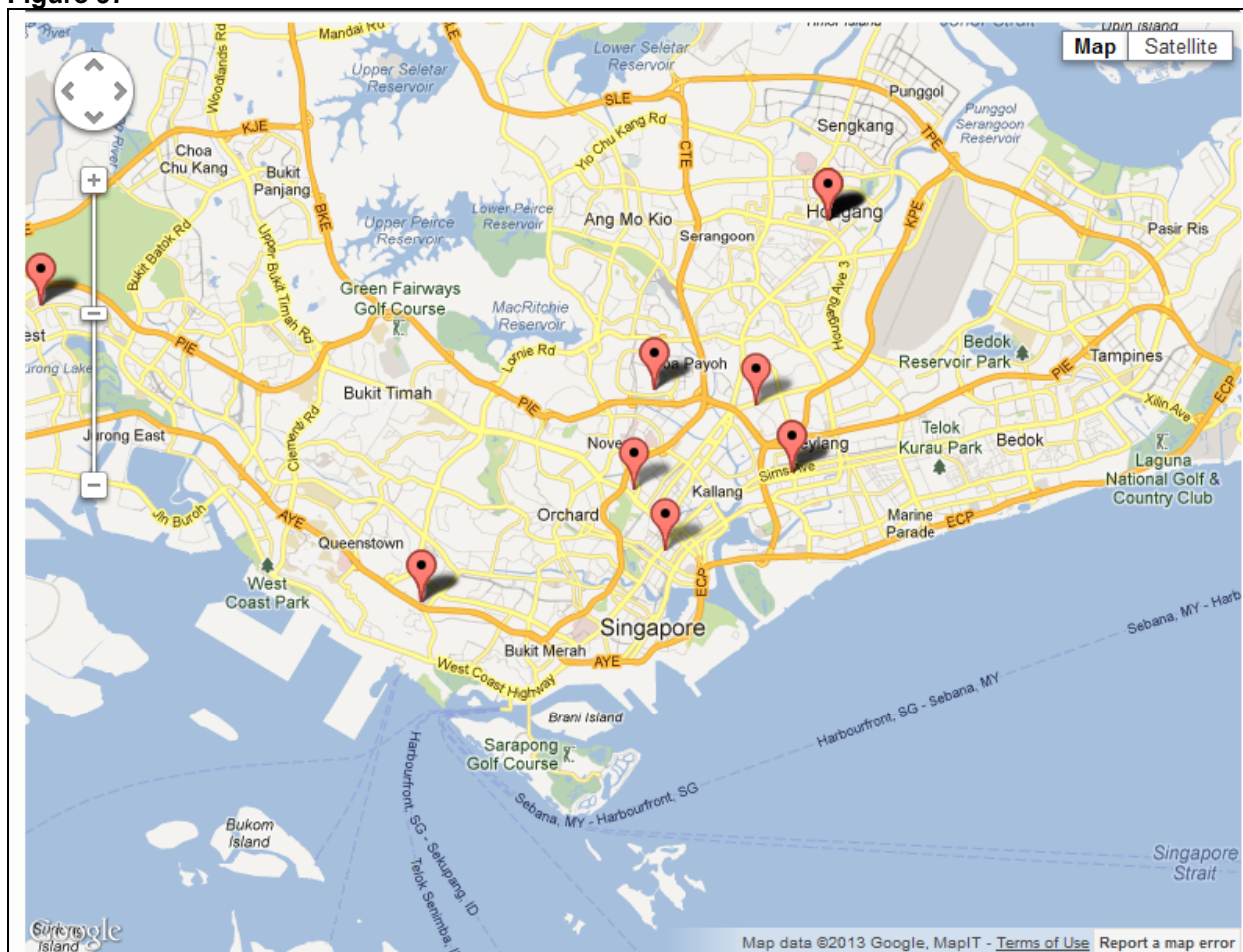
#### Search Details

Provide information about the Professional that you are searching for

- Enter **Postal Code** and/or enter **Range**.
- Should you wish to search for the professional using his/her Registration Number you can:
  - Click on the [\[More Search Options\]](#) link then Enter Registration Number.
- Should you wish to search for the professional by selecting the register you can:
  - Click on the [\[More Search Options\]](#) link then tick the different types of registers.
- Click on the [\[Search\]](#) button

The records will be displayed as follows.

Figure 97



Chan Peng Chong (T02007I)

[View more details 查看更多详情](#)

Type of Register 注册类别 TCM Physician 中医师

Chang Chen Hsien (T03032E)

[View more details 查看更多详情](#)

Type of Register 注册类别 TCM Physician 中医师

Eva (T1303089I)

[View more details 查看更多详情](#)

Type of Register 注册类别 TCM Physician 中医师

Henderson (T1303088J)

[View more details 查看更多详情](#)

Type of Register 注册类别 Acupuncturist 针灸师

- Click on the [\[View more details\]](#) link to view the respective Professional
- Click on the page numbers to go to the page.
- Click on the [\[Back to Top\]](#) link to return to the top of the page.
- Click on the [\[Reset Search\]](#) link to do a search again.
- Click on the links at the bottom right to navigate through the pages.



### 2.12.3. Search by Region

The menu on the top displays the functions you have access to. To make a Professional Search by Region, click on the [\[Search by Region\]](#) menu item.

The Search by Region page will be displayed as follows.

Figure 98



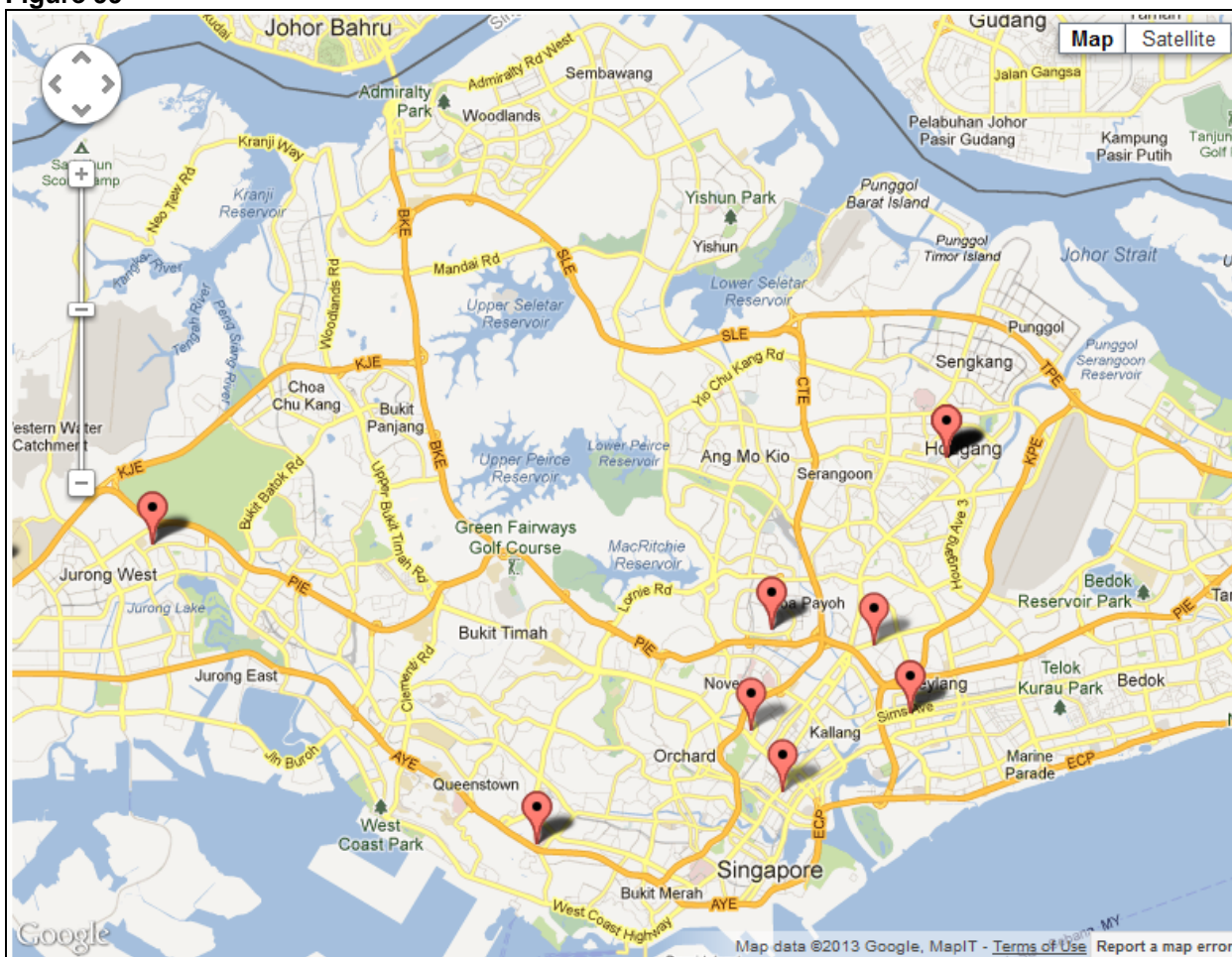
#### Search Details

Provide information about the Professional that you are searching for

- Select the Region by clicking on the different parts of the map.
- Should you wish to search for the professional using his/her Registration Number you can:
  - Click on the [\[More Search Options\]](#) link then Enter Registration Number.
- Should you wish to search for the professional by selecting the register you can:
  - Click on the [\[More Search Options\]](#) link then tick the different types of registers.
- Click on the [\[Search\]](#) button

The records will be displayed as follows.

Figure 99



Chan Peng Chong (T02007I)

[View more details 查看更多详情](#)

Type of Register 注册类别 TCM Physician 中医师

Chang Chen Hsien (T03032E)

[View more details 查看更多详情](#)

Type of Register 注册类别 TCM Physician 中医师

Eva (T1303089I)

[View more details 查看更多详情](#)

Type of Register 注册类别 TCM Physician 中医师

Henderson (T1303088J)

[View more details 查看更多详情](#)

Type of Register 注册类别 Acupuncturist 针灸师

- Click on the [\[View more details\]](#) link to view the respective Professional
- Click on the page numbers to go to the page.
- Click on the [\[Back to Top\]](#) link to return to the top of the page.
- Click on the [\[Reset Search\]](#) link to do a search again.
- Click on the links at the bottom right to navigate through the pages.

#### 2.13.4. Details Page

The screenshot below shows the list of Professionals that are displayed. To view the details of the Professional, click on the [\[View more details\]](#) link.

**Figure 100**

<p>Lim Noi Sim (T02002H) View more details 查看更多详情 Type of Register 注册类别 TCM Physician 中医师</p>
<p>Lim Norman (T03076G) View more details 查看更多详情 Type of Register 注册类别 Acupuncturist 针灸师, TCM Physician 中医师</p>
<p>Mei Chaofeng (T03042B) View more details 查看更多详情 Type of Register 注册类别 Acupuncturist 针灸师</p>

The details of the Professional will be displayed as follows.

**Figure 101**

<h3>Mei Chaofeng 梅超风</h3>	
<p><b>Registration Number 注册号码</b> T03042B <b>Qualification 注册学历</b> qq1 2005, UNIV 1, Singapore</p>	
<p><b>Type of Register 注册类别:</b> Acupuncturist 针灸师</p>	
<p><b>Registration Date 注册日期</b> 23/11/2012 <b>Registration Type 注册型式</b> Full Registration <b>Practice Status 执业状况</b> On Register With Valid PC</p>	
<p><b>Practising Certificate Start Date 执业准证开始日期</b> 23/11/2012 <b>Practising Certificate End Date 执业准证结束日期</b> 31/12/2013</p>	
<p><b>Primary/Principal Place of Practice 主要执业地点</b></p>	
<p><b>Name of Place of Practice 执业地点名称</b> KK Women's and Children's Hospital 竹脚妇幼医院</p>	
<p><b>Address of Place of Practice 执业地址</b> 100 Kerdang Kerbau Hospital Bukit Timah Road #01 - 01 Singapore 229899</p>	
<p><b>Tel 电话号码</b></p>	
<p><b>Map 地图</b> <a href="#">Google Map</a> <a href="#">One Map</a></p>	
<p><a href="#">Back to Top</a>   <a href="#">Back to Search Results</a>   <a href="#">Reset Search</a>   <a href="#">Rate this service</a></p>	

- Click on the [\[Back to Top\]](#) link to return to the top of the page.
- Click on the [\[Reset Search\]](#) link to do a search again.
- Click on the [\[Rate this service\]](#) link to rate the service of the Professional Search.