

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

» Î Name	Chinese: English:	• (photo)
2.	DOB: _____ (M) / _____ (D) / _____ ð (Y)	
ö	Sex: ... (M) ... (F) aV Nationality:	
, ? b A	Business Name:	
? b Ø	Business Address:	Tel: _____
BA	Home Address:	Tel: _____
① 1977	Items: World Traditional Medical Doctor Evaluation & Qualification: <i>US \$ 500</i> World Chinese Medical Doctor Evaluation & Qualification: <i>US \$ 500</i> Those who are engaging in the World Traditional Medicine and Chinese Therapeutic Chi Kung and Martial Arts and Sports injure have more than seven years of verified experience are eligible to apply for evaluation of World Traditional Medicine and Chinese Medicine Practitioner. An US accredited International Chinese Medicine practitioner certification will be awarded to each qualified applicant after approval by the qualification review committee	
② 1977	Education & Experience (Include colleges name, period of schooling, date of graduation and proof of qualification etc.) :	
③ 1977	Publications (Please submit list of titles, dates and preferably send copies of works. These will be considered for a certification approval by the committee.)	
@	Applicant: _____	Date: _____
Please send application forms and make the check payable to: 		
WORLD CHINESE MEDICINE AND HERBS UNITED ASSOCIATION 10351 E. GARVEY AVE, EL MONTE, CALIFORNIA 91733, USA. Tel: (626) 442-5599, (888) 625-2112 Fax: (626) 442-5533		