



Continuing Professional Development CPD 2017

Name [填入姓名大寫] _____ Signature [簽名] _____
CMBA CMR [填写中医注册号码] CMASA [填写中医学会会员号码]
Address [主要執業完整地址] _____
State [填入州] _____ Postcode [填入区域号码] _____
Email [填入电子郵址] _____
Period 1st December 2016 to 30th November 2017

As one of the standards for registration renewal, CMBA requires a minimum annual requirement of 20 hours, please refer to below for more details:
[Chinese Medicine Continuing Professional Development Registration Standard](http://www.chinesemedicineboard.gov.au/Registration-Standards.aspx)
<http://www.chinesemedicineboard.gov.au/Registration-Standards.aspx>

Please send this record back to CMASA before 31st of December 2017 by

- 1/ Preferably, by email at CMASAtcm@hotmail.com
- 2/ Mail to 1F 23 John Street Cabramatta 2166 NSW
- 3/ Fax : (02) 9727 8981

CHINESE MEDICINE & ACUPUNCTURE SOCIETY OF AUSTRALIA LTD
ABN 46 086 774 996
Phone: (02) 9727 6831 Fax: (02) 9727 8981
Website: www.australiantcm.com.au

Annual Development Plan

| Goals / Learning Objectives | Outcomes |
|-----------------------------|--------------|
| [填写年度学习計劃] | [填写年度学习成果] |
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Total CPD for the year 2017

| CPD Category [CPD 类别] | CPD Hours |
|--|----------------|
| Formal Activities (minimum 14 hrs) | 正式 学分加總 |
| Informal Activities (max 6 hrs) | 非正式 学分加總 |
| Activities relating to Professional Issues (4 Hrs) | 專業條規活动学 分加總 |
| Activities relating to scheduled herbs endorsement (minimum 2 hrs if applicable) | - |
| TOTAL (Minimum 20 hrs per year) | 学分加總 |

| | | |
|---|--|----------|
| Date: 填写活动日期 Attachment 附件 [] Organiser: 主辦單位 Topic: 填写主题 Activity: 填写活动类型 Reflection: 填写学习心得 | CPD | |
| | Formal 正式 | 填写 分数 |
| | Informal 非正式 | 填写 分数 |
| | Activities relating to Professional Issues 專業條規活动 | 填写 分数 |
| Date: Attachment [] Organiser: Topic: Activity: Reflection: | CPD | |
| | Formal | |
| | Informal | |
| | Activities relating to Professional Issues | |