

Clinical Mentorship Programme Application Form

Traditional Chinese Medicine Practitioners Board



Purpose:

This form is for the programme coordinator of a Fully Accredited CPE Event Provider to seek the Board's approval for a proposed Clinical Mentorship Programme before it commences. The information provided will help the Board assess whether the proposed programme, mentor-mentee arrangement and eligibility checks meet the applicable CPE accreditation requirements.

Key Principles for Clinical Mentorship Programme Accreditation

1. The proposed programme should support the objectives of the Clinical Mentorship Programme by preserving lineage-based clinical knowledge, developing advanced clinical competence, formalising the mentor-mentee apprenticeship pathway, and fostering ethical stewardship of lineage traditions.
2. The proposed programme should be administered by a Fully Accredited CPE Event Provider and conducted through a structured mentor-mentee relationship.
3. The proposed programme should meet the applicable Clinical Mentorship Programme requirements, including the minimum programme duration, number of sessions, proposed assessment approach and documentation arrangements.
4. The programme coordinator should demonstrate how programme integrity, eligibility checks, patient confidentiality and required documentation will be managed if the programme is approved.
5. If the programme is approved, CPE points will only be awarded after completion of the approved programme and submission of the required post-programme documentation.

A. Programme Information

Instructions: Submit this form for the Board's approval before the proposed Clinical Mentorship Programme commences. Responses should be guided by the Clinical Mentorship Programme write-up and provide sufficient details for the Board to assess whether the proposed programme meets the applicable CPE accreditation requirements.

Please complete this section for the proposed Clinical Mentorship Programme. The information provided should align with the Clinical Mentorship Programme write-up and supporting documents submitted for the Board's assessment.

Note: The Board may review and update the Clinical Mentorship Programme and its supporting documents from time to time to ensure that they remain relevant and effective. Practitioners should refer to the TCMPB website for the latest versions of the programme documents.

S/N	Information Required	Applicant's Response
1	Programme overview and mentorship domain(s) Provide a brief description of the proposed programme and its lineage-based focus.	Brief programme overview:
		Clinical mentorship domain(s) (e.g. herbal formulas, needling techniques, diagnostic approaches, lineage-based clinical skills):
		How the programme preserves lineage-based clinical knowledge, including the key lineage standards, skills or knowledge to be transmitted:
2	Programme objectives and intended outcomes Describe the proposed learning objectives and intended outcomes for the mentee.	Proposed learning objectives:
		How the programme supports advanced clinical competence:
		Intended learning or professional development outcomes for the mentee:
3	Proposed programme period and session plan Provide the proposed programme period and session plan. The programme should run for at least 3 months and comprise at least 12 sessions.	Programme start and end dates:
		Expected duration of each session:
		Proposed schedule or frequency:

		☐ Yes, the proposed programme duration is at least three months.
		☐ Yes, at least 12 sessions will be conducted.
4	Programme provider and clinical training arrangements Provide the provider and clinical training location details.	Name of Fully Accredited CPE Event Provider:
		Name of clinical training host institution:
		Place of clinical training:

B. Mentor, Mentee and Programme Coordinator Information

Please provide the information below for the programme coordinator, proposed mentor and proposed mentee. The information should demonstrate that the proposed programme will be administered by a Fully Accredited CPE Event Provider and that the proposed mentor and proposed mentee meet the applicable eligibility requirements for the Clinical Mentorship Programme.

Where the proposed mentee does not meet the minimum clinical experience requirement, the Fully Accredited CPE Event Provider should provide the exceptional-case recommendation and supporting documents for the Board's consideration.

S/N	Information Required	Applicant's Response
1	Programme coordinator particulars Provide the contact details of the programme coordinator submitting this application.	Name:
		Designation:
		Organisation:

		Email address:
		Contact number:
2	Mentor particulars and eligibility Provide the proposed mentor's particulars and confirm eligibility and independence.	Name: TCMP Board registration number: Practising Certificate status: Relevant clinical experience and lineage expertise for the proposed mentorship domain(s): ☐ Yes, the proposed mentor meets the pre-submission requirements equivalent to speaker/trainer qualifications and the required seniority or equivalent level for the Clinical Mentorship Programme. ☐ Yes, there is no employer-employee relationship between the mentor and mentee.
3	Mentee particulars and eligibility Provide the proposed mentee's particulars and confirm eligibility.	Name: TCMP Board registration number: Practising Certificate status: Clinical experience and reason for enrolment: ☐ Yes, the proposed mentee meets the minimum clinical experience requirement.

4	Exceptional case details, if applicable Complete this part only if the proposed mentee does not meet the minimum clinical experience requirement.	☐ Not applicable — proposed mentee meets the minimum clinical experience requirement.
		<i>If “Not applicable” is not selected, please attach/provide the following:</i>
		☐ Mentor’s supporting statement attached.
		☐ Mentee’s supporting statement attached.
		☐ Rationale for recommendation provided.
		☐ Mentee’s academic transcript attached.

C. Assessment, Documentation and Confidentiality Confirmations

Please confirm that, if approved, the proposed programme will comply with the required assessment, logbook documentation and patient confidentiality requirements. Completed logbook records and completion evidence are not required at the application stage.

S/N	Information Required	Applicant’s Response
1	Assessment and logbook documentation requirements Confirm compliance with the required assessment and logbook documentation requirements.	☐ Yes, the programme will follow the required Clinical Mentorship Programme assessment and logbook documentation requirements if approved.
2	Patient confidentiality safeguards Confirm compliance with patient confidentiality requirements for programme records.	☐ Yes, patient confidentiality will be maintained in all programme records, including anonymising patient identifiers in accordance with the Clinical Mentorship Programme requirements.

D. Declaration by Programme Coordinator

I declare that the information provided in this application form and supporting documents is true, accurate and complete to the best of my knowledge. If the proposed Clinical Mentorship Programme is approved, I confirm that it will be conducted in accordance with the approved programme structure and applicable CPE accreditation requirements, including the minimum duration and session requirements, mentor-mentee arrangements, assessment approach, documentation arrangements, confidentiality safeguards and programme integrity requirements. I further confirm that the proposed programme coordinator, mentor and mentee will fulfil their respective roles and responsibilities.

Name and Designation of Programme Coordinator	
Signature	
Date	