



香港防癆心臟及胸病協會
The Hong Kong Tuberculosis, Chest and Heart Diseases Association

Training Course on

Introduction of Dermatoses in Traditional Chinese Medicine Theory

皮膚病的中醫辨証與治療 for Nurses



**Date : 20th Oct, 3rd, 10th & 17th Nov 2015
(Tuesdays)**

Time : 6:30pm to 8:30pm

**Venue : Lecture Theatre, LG 1, Ruttonjee Hospital,
266 Queen's Road East, Wan Chai, Hong Kong**

CNE : 2 points per module (To be confirmed)

Date	Topic	Speaker
20 th October 2015 6:30pm to 8:30pm	Etiology of Dermatoses in TCM Theory (皮膚病的中醫辨証)	Ms. TAM Yi Ling, Registered Chinese Medicine Practitioner, The Hong Kong Tuberculosis Association Chinese Medicine Clinic cum Training Centre of the University of Hong Kong
3 rd November 2015 6:30pm to 8:30pm	Introduction of TCM Therapy for Dermatoses (皮膚病的中醫藥治療)	
10 th November 2015 6:30pm to 8:30pm	Diagnosis and Treatment of Common Dermatoses – Eczema, Urticaria (常見皮膚病的中醫辨証與治療 – 濕疹、蕁麻疹)	
17 th November 2015 6:30pm to 8:30pm	Diagnosis and Treatment of Common Dermatoses – Psoriasis, Acne (常見皮膚病的中醫辨証與治療 – 銀屑病、痤瘡)	

Enquiry: 2834 9333 (Mr. HO) Fax: 2834 5522 Website: www.antitb.org.hk/zh/upcoming.asp

Training Course on “Introduction of Dermatoses in Traditional Chinese Medicine Theory” for Nurses

Objectives:

- To strengthen, update and develop knowledge of nurses on the topics of Dermatology in the Chinese Medicine aspect.
- To enhance the skills and technique in daily practice.

Targets:

Nurses from all aspects

Contents and speakers:

Date	Topic	Speaker
20 th October 2015 6:30pm to 8:30pm	Etiology of Dermatoses in TCM Theory (皮膚病的中醫辨証)	Ms. TAM Yi Ling, Registered Chinese Medicine Practitioner, The Hong Kong Tuberculosis Association Chinese Medicine Clinic cum Training Centre of the University of Hong Kong
3 rd November 2015 6:30pm to 8:30pm	Introduction of TCM Therapy for Dermatoses (皮膚病的中醫藥治療)	
10 th November 2015 6:30pm to 8:30pm	Diagnosis and Treatment of Common Dermatoses – Eczema, Urticaria (常見皮膚病的中醫辨証與治療 – 濕疹、蕁麻疹)	
17 th November 2015 6:30pm to 8:30pm	Diagnosis and Treatment of Common Dermatoses – Psoriasis, Acne (常見皮膚病的中醫辨証與治療 – 銀屑病、痤瘡)	

Mode of delivery

Lecture & discussion session. The teaching medium will be mainly in Cantonese supplemented by English as necessary.

Venue

Lecture will be held at: **Lecture Theatre, LG 1, Ruttonjee Hospital, 266 Queen’s Road East, Wan Chai, HK. (Parking space is NOT available)**

CNE points:

Participants can be accredited **2 points of Continuing Nursing Education** for each module (to be confirmed)

Course Fee

\$800 (non-member of our Centre) or \$600 (member of our Centre) for Full course **or**
 \$200 (non-member of our Centre) or \$150 (member of our Centre) for each module

Registration Method

Please mail completed form with payment (**cheque only**) to: **The Hong Kong Tuberculosis, Chest and Heart Diseases Association, 266 Queen’s Road East, Wan Chai, Hong Kong.**
 Registration could not be cancelled or modified after confirmation.
(Cheque payable to “The Hong Kong Tuberculosis, Chest and Heart Diseases Association”)

Number of Participants

Seats are limited, first come first served.

Note

- Training materials will be distributed on each module if available.
- Certificate will be awarded to participants who have attended all 4 modules successfully.
- For those who are not able to attend full course, letter of attendance will be awarded at the end of each module.

Training Course on “Introduction of Dermatoses in
Traditional Chinese Medicine Theory” for Nurses

Registration Form

Please your choice

You can choose 1 or more than 1 module

	Module 1 (20 th Oct 2015)	Module 2 (3 rd Nov 2015)	Module 3 (10 th Nov 2015)	Module 4 (17 th Nov 2015)
<i>Non-member of our Centre (\$200 per each module)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Member of our Centre (\$150 per each module)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Particulars

Title: Prof. Dr. Mr. Mrs. Ms. Miss Others

Name: _____(Chi) _____(Eng)

Department / Post: _____

Institution _____

Telephone: _____ Mobile: _____ Fax: _____

{Please fill in the fax number / email address for sending the confirmation letter}

Email Address: _____

Mailing Address: _____

Cheque : _____(Bank) _____(Cheque Number)

**[Cheque payable to: “The Hong Kong Tuberculosis, Chest and
Heart Diseases Association]**

[Please put down your name and contact number at the back of the cheque]