

**CME/CPD Programme - Attendance Form (For Chairpersons, Speakers & Hands-on Trainers)  
for the 2023 - 2025 CPD Cycle**

Date : \_\_\_\_\_ Page No. \_\_\_\_\_ of \_\_\_\_\_  
 Time: (from) \_\_\_\_\_ (to): \_\_\_\_\_ <Approved Duration> Hour(s) CDSHK Reply Form No.: \_\_\_\_\_  
 Title of Meeting: \_\_\_\_\_  
 Organiser: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Credits:**

<p><b>CDSHK (CME/CPD Points)</b></p> <p>_____</p> <p><b>Category (Please ✓)</b></p> <p>A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/></p>	<p><b>DCHK (CPD Points)</b></p> <p>_____</p>	<p><b>Core CPD Activity: (Please ✓)</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Core CPD requirement put (A to L) here</b></p> <p>_____</p>	<p><b>HKDA (CPD Hours)</b></p> <p>_____</p>
<p>A) Infection control; B) Medical conditions in relation to dentistry and medical emergency; C) Records and consent; D) Dental ethics and Jurisprudence; E) Quality assurance including complaint handling and risk management; F) Communication; G) Dental practice inspection; H) Legal and professional compliance; I) Dental and medical public health issue of local relevance; J) Occupation health and safety; K) Special needs dentistry including geriatric dentistry; L) Radiology &amp; radiography</p>				

**\*[Please clear indicate the exact role of <Chairperson/Speaker/Hands-on Trainer> & no. of hours in order to avoid potential error]\***

Full Name of Speaker / Chairperson / Hands-on Trainer	Please circle one (*)	No. of Hours (*)	Dental Council Registration No. (if applicable)	CME / CPD Administrator						Signature
				For CDSHK members / enrollees *please ✓ ONE only				*please ✓ the appropriate		
				Fellows or Specialists	MGD Holders	Higher Trainees	DCHK Enrollee	Dept of Health	HKDA	
	Chairperson Speaker Hands-on Trainer									
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	Chairperson Speaker Hands-on Trainer									

(Rev. November 2023) **\*\*Please return the completed form to the following CME/CPD Administrators within 2 weeks after the meeting\*\***

<p><b>The College of Dental Surgeons of Hong Kong</b></p> <p>Email: cme_cpd@cdshk.org</p>	<p><b>Dental Services, Department of Health</b></p> <p>Email: aco3_td@dh.gov.hk</p>	<p><b>Hong Kong Dental Association Ltd.</b></p> <p>Email: hkda@hkda.org</p>
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	Chairperson									
	Speaker									
	Hands-on Trainer									
	Chairperson									
	Speaker									
	Hands-on Trainer									
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	Hands-on Trainer									

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