THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香 港 牙 科 醫 學 院

Application Form
Exit Examination for Fellowship

Photo

Trainee No.: _____

Name: _____ Name in Chinese: _____

Postal Address: _____

_____

Mobile No.: _____ Email Address: _____

Current Training Centre: _____

Date of Passing Intermediate Examination (D/M/Y): _____

I wish to enter for the Exit Examination for the Fellowship of the College of Dental Surgeons of Hong Kong in the Specialty of _____.

Signature: _____ Date:_____

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To be filled in by Programme Supervisor

The applicant has fulfilled the following requirements:-

- Recognised Duration of Training to receipt date of application: _____ years _____ months
- 30 CME points per year of Higher Training ❒ Yes ❒ Not applicable
  ❒ No (deficient of _____ CME points)
- Recommended by Programme Supervisor ❒ Yes ❒ No

Other Comments: _____

_____

Name: _____ Signature: _____ Date:_____
Programme Supervisor

Approved by

_____	_____
Signature	Signature
Name: _____	Name: _____
Chairman of Specialty Board	Secretary of Specialty Board
Date: _____	Date: _____

Notes:

The personal data provided will be used by the College of Dental Surgeons of Hong Kong for the following purpose:

1) Proof of eligibility and conduction of the examination
2) Record of examination results and contact of candidates
3) For preparing statistics.

Please attach to this form one passport size photograph in the space provided and the full fee of HK$30,000 (Exit Examination). Cheque made payable to "The College of Dental Surgeons of Hong Kong" and return to College Secretariat, The College of Dental Surgeons of Hong Kong, Room 902 HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.