



THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香港牙科醫學院

APPLICATION FORM
*FELLOWSHIP/§MEMBERSHIP

TRAINEE NO.: _____

Name: _____
(in English, Block letters) (in Chinese, if applicable)

*HKID/Passport No.: _____

DCHK No.: _____

Sex: _____ Date of Birth: _____

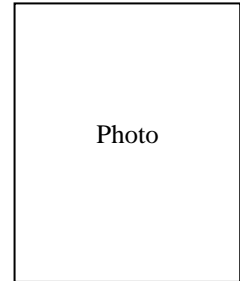
Practice Address: _____

Correspondence Address: _____

Contact Phone No.: _____ Fax No.: _____

E-mail Address: _____

Proposed Specialty: _____



Current Practice: (Please tick)

- Private Government Service University
 Others (please specify) _____

1 Registrable Qualifications

QUALIFICATION	INSTITUTION	DATE OF AWARD
<i>Basic</i>		
<i>Intermediate</i>		
<i>Exit</i>		

*Please delete as appropriate

- § Note: (i) Membership to the CDSHK is not registrable with the Dental Council of Hong Kong.
(ii) Membership holder shall have no voting right and are not eligible to hold office at the Council, but may serve on Committee or Subcommittee of the College.

2 Accredited Training Experience according to Training Pathway

Period (MM/YY)	Position	Institution	Accredited Duration
to			
to			
to			
to			
to			
to			
to			

3 Please submit together with this application form the following:

- (a) A certified copy of each qualification indicated in 1 above.
- (b) Documentary evidence certified by the Supervisor indicated in 2 above.
- (c) A letter of standing from The Dental Council of Hong Kong, awarded within the past 6 months.

I hereby verify, to best of my knowledge, the above information is accurate.

Date: _____ Signature: _____

Proposed by: _____
 (Name) (Signature)

Seconded by: _____
 (Name) (Signature)

***N.B. Applicant must be proposed and seconded by two Fellows of the College
 (preferably nominated by Fellows of the Specialty Board concerned)***

The personal data provided will be used by the College of Dental Surgeons of Hong Kong for fellowship/membership application purpose.