



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

Higher Trainee Application Form

Photo

Reference No.: \_\_\_\_\_

Specialty: \_\_\_\_\_

**Part 1**

#Name: \_\_\_\_\_ #Name in Chinese: \_\_\_\_\_

Nationality: \_\_\_\_\_ Sex: \*M / F Date of Birth: \_\_\_\_\_

HKID Card/Passport No.: \_\_\_\_\_

Address: \_\_\_\_\_

Address for Correspondence (*if different from above*):

Tel No.: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Dental Council of Hong Kong Dentists Registration No.: \_\_\_\_\_ Year \_\_\_\_\_

# Identical with HKID Card/Passport No.

\* Please delete as appropriate

**For Official Use**

Recognised Duration of Training to receipt date of application: \_\_\_\_\_ years \_\_\_\_\_ months

Recommended to College Council for approval  
Year & Month of Commencement of Recognised Higher Training: \_\_\_\_\_  
MM / YYYY

Not recommended to College Council for approval

Comments: \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Chairman of Specialty Board

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Secretary of Specialty Board

Date: \_\_\_\_\_

**Note: Higher Trainees are required to register with The College of Dental Surgeons of Hong Kong as Members before commencement of recognised Higher Training.**

**Part 2****CDSHK Higher Trainee Application Form**

Reference No.: \_\_\_\_\_

Specialty: \_\_\_\_\_

Qualification(s)	Institution	Date of Award DD/MM/YYYY

Date of Passing Intermediate Examination: \_\_\_\_\_ (DD/MM/YYYY)

**Details of Training**

Training Centre	Post	From M/Y	To M/Y	Duration (No. of years & months; full time equivalent)	For Official Use Accredited Duration (years & months)
<b>Total Number of Years and Months in Training:</b>					

Recommended by

\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature\_\_\_\_\_  
Name of Applicant\_\_\_\_\_  
Name of Supervisor of Training Centre

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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For CDSHK basic trainees, please enclose true copies (certified by a CDSHK Fellow) of the following documentation:-

- 1 Certificate(s) of the qualification(s) listed in Part 2 (*those not submitted before*);
- 2 Letter of successful candidature in an Intermediate Examination of the CDSHK;

For those who are not a basic trainee of CDSHK, please enclose original / true copies (certified by a CDSHK Fellow) of the following documentation:-

1. HKID Card/Passport (destroy upon verification);
2. Certificate of Registration issued by the Dental Council of Hong Kong ;
3. Certificate(s) showing the qualification(s) listed in Part 2; and
4. Documented evidence of your training;

and return these to:-

The Secretariat, The College of Dental Surgeons of Hong Kong  
Room 902, 9/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.*The personal data provided will be used by the College of Dental Surgeons of Hong Kong for training and communication purpose.*