



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

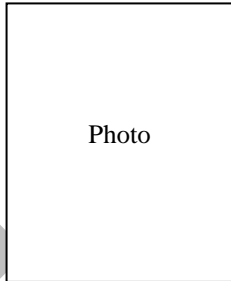
APPLICATION FORM
***FELLOWSHIP/§MEMBERSHIP**

Please delete where appropriate

TRAINEE NO.: CDS-M0001

This number will be assigned later

Name: CHAN Tai Man 陳大文
(in English, Block letters) *(in Chinese, if applicable)*



*HKID/Passport No.: K123456(1)

DCHK No.: D01234

Sex: M Date of Birth: 1/1/1975

Practice Address: Room 123, Grand Tower, 505 Nathan Road, Kowloon

Correspondence Address: ditto

Contact Phone No.: 9111 1111 Fax No.: 24681012

E-mail Address: chantaiman@netvigator.com

Proposed Specialty: Periodontology

Current Practice: *(Please tick)*

- Private Government Service University
 Others *(please specify)* _____

1 Registrable Qualifications

QUALIFICATION	INSTITUTION	DATE OF AWARD
<i>Basic</i> a) BDS b) MDS	The University of Hong Kong	a) 14/12/2002 b) 5/12/2005
<i>Intermediate</i> a) MRD RCS(Edin) Endodontics b) Advanced Diploma in Periodontology	a) Royal College of Surgeons of Edinburgh & College of Dental Surgeons of Hong Kong b) The University of Hong Kong	a) 18/10/2006 b) 5/12/2006
<i>Exit</i> Exit Exam in Periodontology	College of Dental Surgeons of Hong Kong	6/1/2008

Refers to the date on the certificates

Refers to the last day of the exam

Refers to the date on the certificates

Refers to the day of the exam

*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

Please quote exact wording from the College's website, under Specialty Boards, Accredited Training Institutes

Period (MM/YY)	Position	Institution	Accredited Duration
8/02 to 8/03	Junior Hospital Dental Officer (Full-time)	Faculty of Dentistry, University of Hong Kong	1 year
9/03 to 8/05	MDS Candidate (Full-time)	Faculty of Dentistry, University of Hong Kong	2 years
9/05 to 8/06	Advanced Diploma in Endodontics (Full-time)	Faculty of Dentistry, University of Hong Kong	1 year
9/06 to 9/08	Higher Trainee (Full-time)	Faculty of Dentistry, University of Hong Kong	2 years
to		Please refer to the approved number of years accredited in the Specialist Training	
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.

Please request your Supervisor to write a letter certifying the accredited training experiences you mentioned in 2 above

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 training and communication purpose.