



8<sup>th</sup> June, 2009

Dear Colleagues,

Thank you for your interest in the MGD examination and training program.

Subsequent to the lecture on 7<sup>th</sup> June 2009, CGD now opens the application of the trainee status for **MGD by full examination** and the compulsory training program 2009-10 to the profession. For those interested in **MGD by credit accumulation and transfer**, there will be another announcement.

Since the number of interested colleagues well exceeds the limit of intake for the first diet, priority will be given to those who have attended the lecture and showed intent in their last replies to the College. Please be informed that only candidates with MGD trainee status can be admitted to the MGD Part I examination on November 2010. Once admitted, they will be notified to attend an orientation lecture on August 2009 and meet their trainers. Deadline of application is 19<sup>th</sup> June 2009.

Provisionally, there may be another diet on 2010. For colleagues who cannot be admitted as trainees for the 2009 diet but are still interested in the training program, they are still encouraged to enroll. The taught modules in the training program are part of the MGD examination requirements. They can proceed with the examination once they are admitted as trainees in the 2010 diet.

Attached please find the application form for your action.

For further details, please visit our website at [www.cdshk.org](http://www.cdshk.org)

Sincerely,

**Raymond Lee**

Chairman,

Committee of General Dentistry



# THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

## Membership in General Dentistry Trainee and Training Program 2009-10 Application Form

**Application for:** MGD Trainee -By Full Examination

Photo

*Deadline of application: 19<sup>th</sup> June, 2009*

Name: _____	Name in Chinese: _____
Nationality: _____	Sex: *M / F Date of Birth: _____
HKID Card/Passport No.: _____	DCHK Reg. No.: _____
Address: _____	
_____	
Address for Correspondence (if different from above)	
_____	
_____	
Tel No.: (Home) _____	(Office) _____
Fax No.: _____	E-mail Address: _____

Basic Qualification (with date):

\_\_\_\_\_

Higher Qualification(s) (with date):

\_\_\_\_\_

In submitting this application,

- I understand and agree to abide by the rules and regulations set by the Committee of General Dentistry (CGD) and the College of Dental Surgeons of Hong Kong (CDSHK) regarding the MGD training, examination and assessment &
- I agree to enroll in the compulsory MGD training program 2009-10 and pay the composite fee of HKD25,000 to CDSHK accredited training program provider on or before 30.06.2009.\*\*

Signature: \_\_\_\_\_

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

Notes:

Please enclose the followings:-

- 1 certified copy of all your certificates;
- 2 a copy of your DCHK registration certificate; and
- 3 a cheque of HKD1,000 for Annual Trainee fee ( 01.07.2009 to 30.06.2010)

***\*\*Please DO NOT send cheque for the composite fee for the training program yet. It will be charged upon successful application of MGD trainee status.***

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.

-----**For Office Use**-----

- Recommended to College Council for approval  
Date of Commencement of MGD Training : 01.07.2009
- Not recommended to College Council for approval

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

Trainee Number: \_\_\_\_\_ Assigned Trainer: \_\_\_\_\_

\_\_\_\_\_  
Chairman,  
Committee of General Dentistry

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