



THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

APPLICATION FOR REINSTATEMENT OF MGD (CDSHK) MEMBERSHIP

A. Personal Particulars

Name in Full (English as in HKID/Passport)

Name in Chinese (if applicable)

HKID/Passport No.*

(* delete as appropriate)

Date of Birth

Correspondence Address

Email Address

Fax No.

Telephone No.

Mobile No.

B. Particulars of former MGD (CDSHK) Membership

Dental Council Registration No.

Previous CDSHK ID No.

MGD (CDSHK) membership expired since

(month/year)

Reason(s) for cessation of MGD (CDSHK) membership:

Shortage of CME/CPD points

Other reason(s):

C. Please state reason(s) that support your application for reinstatement of MGD (CDSHK) Membership

D. Declaration

- (1) I have / have not* been found guilty of unprofessional conduct outside Hong Kong.
- (2) There are / are not any* on-going proceedings against me outside Hong Kong.

I hereby declared that the above is a true statement of my particulars. I understand that false declaration would lead to termination of my application or reinstated Membership.

Signature _____ Date _____

(* delete as appropriate)

a) Proposed By :

Name and signature of a Fellow of the College to nominate the ex-MGD to be reinstated :

Name _____ Signature _____

b) Seconded By :

Name and signature of a Fellow of the College to support the ex-MGD to be reinstated :

Name _____ Signature _____

FOR OFFICIAL USE ONLY

- 1. Application received on _____
- 2. CME/CPD activities record received _____
on _____
- 3. Letter of Standing received on _____
- 4. Fees Received :
Reinstatement fee HK\$ _____ (Bank _____ Cheque No. _____)
Current Subscription HK\$ _____ (Bank _____ Cheque No. _____)
Outstanding Subscriptions and Fee (if any)
HK\$ _____ (Bank _____ Cheque No. _____)

Reinstatement of MGD (CDSHK) Membership Application Guidelines

Applicants are required to pay attention to the following points in submitting their application to the CDSHK:

1. Fill in Application Form where appropriate. It is essential to provide an accurate and true statement of personal particulars. In order to facilitate the processing of your application and to avoid unnecessary delay, all sections of the application form should be properly filled in.
2. Submit a CME/CPD activities record.
3. Submit a “Letter of Standing” issued within 6 months of the submission date of the application to the College of Dental Surgeons of Hong Kong.
4. Please issue a cheque amounting HK\$5,000 for the reinstatement fees payable to **“The College of Dental Surgeons of Hong Kong”**.
5. Application form, related documents and necessary fees should be addressed to the Secretariat, College of Dental Surgeons of Hong Kong, Room 902, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

(Approved by the College Council on 1 March 2018)