## The College of Dental Surgeons of Hong Kong FCDSHK Intermediate Examination in Family Dentistry (Part II) Application Form

Las	t Name (BLOCK letters):		
Oth	er Names in Full (BLOCK letters):		
Date of Birth: Sex: M/F		Sex: M/F	Please attach photograph here
HK	ID Card No.:		photograph nerv
DC	HK Registration No.:		
Full	Postal Address (for examination notice	)	
Cor	staat Phone No .	Ecosimila No :	
	tact Phone No.:	racsillile No.:	
E-mail Address:  I would like to apply for the FCDSHK International Dentistry ( Part II)		ermediate Examination in Family	(please state year)
(ple	ase put a tick in the ☐ if appropriate) I understand that I have to fulfill al FCDSHK Intermediate Examination		
	I would like to apply for the exemption	on of the Part I examination.	
Dat	e Signature		
1	Please state your basic degree, addition	onal qualifications and where obtain	ned (with dates)
2	Please submit document(s) to suppor	t your application for exemption of	the Part I examination
3	Recommended by Name of Training Supervisor:	Signature :	
	FOR OFFICE USE ONLY		
	Approved by		
	Signature:	Date:	

## **IMPORTANT NOTICE**

- 1. Please return the **application** together with **cheque** made payable to "**The College of Dental Surgeons of Hong Kong**" for the amount of *HK\$17,500*, being the examination fee this year, to Senior Executive Officer, The College of Dental Surgeons of Hong Kong, Room 902, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong, not later than 20 May 2014.
- 2. The personal data provided will be used by The College of Dental Surgeons of Hong Kong for the following purpose:

<ul><li>a. Proof of eligibility and conduction</li><li>b. Record of examination results and</li></ul>		
	mediate Examina ily Dentistry	tion
I enclose a cheque (Cheque No.:being the examination fee for FCDSHK)		