Conjoint Examination
(Membership in Orthodontics)

The Royal College of Surgeons of Edinburgh  The College of Dental Surgeons of Hong Kong

Last name of candidate (BLOCK letters)

Other names in full (BLOCK letters)

Date of birth  Sex :  M/F

Full postal address (for examination notice)

Contact Number  

Facsimile no  

E-mail address

I wish to enter for Part I/Part II* on

Date  Signature

1 Please state your degrees or qualifications and where obtained (with dates)

(candidates whose names do not appear in the current Dentist Register must submit evidence of their qualifications and the date of acquirement thereof)

2 If you hold a surgical or dental Fellowship of a Surgical College, please state title and date

Additional Diplomas

3 Have you ever submit an application for the Membership in Orthodontics of the Royal College of Surgeons of Edinburgh?  YES/NO*

4 If you have passed Part 1/Primary Fellowship in Surgery or Dental Surgery, please give details:

Date  Examination  Name of College

5 If you have passed any part of a diploma (i.e. Diploma or Diploma of Membership) in Orthodontics of one of the Surgical Colleges, please give details below:

Date  Examination  Part passed  Name of College

PLEASE NOTE: NO APPLICATION FORMS OR DOCUMENT/CERTIFICATES WILL BE ACCEPTED BY FAX.
REQUIREMENTS FOR TRAINING

Candidates who have passed Part I or have been exempted therefrom, and have acquired varied dental experience, other than in Orthodontics, for a minimum of two years after obtaining a recognised qualification in Dental Surgery are eligible to enter Part II of the examination provided a minimum of six months of this period has been in an approved hospital post. Candidates are also required to produce evidence of having undertaken continuous approved training in clinical orthodontics for a minimum period of three years or of attendance as a postgraduate student on an approved training programme or course.

TO BE COMPLETED BY CANDIDATE

Extracts from the Regulations

Part I
Broad experience of dentistry in disciplines other than Orthodontics for a minimum of two years (of which six months must have been spent in an approved hospital post)

Details of Employment

(i) Hospital Stamp

……………………………………………………………………………………………………

Title of Post……………………………………………………………………

From…………………………To…………………………

Signature of Consultant/Authorized Hospital Officer*

……………………………………………………………………………………………………

Part II
Three years approved training in clinical Orthodontics

(ii) Hospital Stamp

……………………………………………………………………………………………………

Title of Post……………………………………………………………………

From…………………………To…………………………

Signature of Consultant/Authorized Hospital Officer*

……………………………………………………………………………………………………

* Delete as appropriate

- Candidates who are unable to have the above certificates signed may produce signed documentation of the posts they have held. They must, however, enter on this form the appropriate experience which they offer.
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$5,230 (Part I) / HK$12,735 (Part II), being the examination fee this year, to Executive Secretary, 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 28 July 2007.

2. Candidates withdrawing from the examination must do so in writing. The whole entrance fee may be returned, less 10% administration charges, or transferred to the next diet of the examination where written notice is received by the College prior to the closing date for receipt of applications. Half of the entrance fee may be returned or transferred to the next diet of the examination where written notice is received not less than 21 days before the commencement of the examination. After that date no refund or transfer of entrance fees will normally be made to candidates who withdraw from the examination or fail to attend for any reason whatsoever. No allowance will be made for postal or other delays.

3. No change can be made after the dates for the clinical and oral examinations have been allocated.

4. Candidates are requested to enclose with their application two passport photographs and one envelope (23cm x 10cm) with their name and address.

5. The Colleges reserve the right to cancel the examination and the full application fee will be refunded.

Conjoint Examination (MOorth) (Part I/II)

I enclose a cheque for the amount of HK$5,230 (Part I) / HK$12,735 (Part II)*, being the examination fee for Conjoint Examination (Membership in Orthodontics).

* Please delete as appropriate

Name (BLOCK LETTERS) : ___________________________ Cheque No. : ______________
Issuing Bank : ____________________________________

No receipt will be issued unless requested. £150 will be charged by the Royal College of Surgeons of Edinburgh if the candidate is successful.