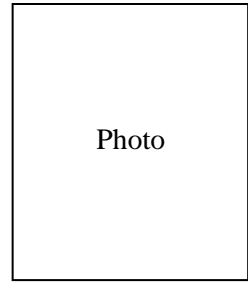




THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香港牙科醫學院

Application Form
Exit Examination for Fellowship



Photo

Trainee No.: _____

Name: _____ Name in Chinese: _____

Postal Address: _____

Mobile No.: _____ Email Address: _____

Current Training Centre: _____

Date of Passing Intermediate Examination (D/M/Y): _____

I wish to enter for the Exit Examination for the Fellowship of the College of Dental Surgeons of Hong Kong in the Specialty of _____.

Signature: _____ Date: _____

***** For Official Use *****

To be filled in by Programme Supervisor

The applicant has fulfilled the following requirements:-

- Recognised Duration of Training to receipt date of application: _____ years _____ months
- 30 CME points per year of Higher Training Yes Not applicable
(Relevant CME/CPD records MUST be submitted with this application form) No (deficient of _____ CME points)
- Recommended by Programme Supervisor Yes No

Other Comments: _____

Name: _____ Signature: _____ Date: _____

Programme Supervisor

Approved by

Signature _____

Name: _____

Chairman of Specialty Board

Date: _____

Signature _____

Name: _____

Secretary of Specialty Board

Date: _____

Notes:

The personal data provided will be used by the College of Dental Surgeons of Hong Kong for the following purpose:

- 1) Proof of eligibility and conduction of the examination
- 2) Record of examination results and contact of candidates
- 3) For preparing statistics.

Please attach to this form one passport size photograph in the space provided and the full fee of HK\$30,000 (Exit Examination). Cheque made payable to "The College of Dental Surgeons of Hong Kong" and return to College Secretariat, The College of Dental Surgeons of Hong Kong, Room 902 HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

A bounced cheque or payment not honoured would imply the application becoming unsuccessful. An additional 10% surcharge (i.e. HK \$3,000) would be applied for application re-submission.