



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

**FELLOWSHIP / MEMBERSHIP
APPLICATION FORM**

I would like to apply for *Fellowship / Membership¹ of the College of Dental Surgeons of Hong Kong in the Specialty of _____.

TRAINEE NO.: _____

Name: _____
(in English, Block letters) (in Chinese, if applicable)

Photo

*HKID/Passport No.: _____ DCHK No.: _____

Date of Birth: _____ Sex: _____

Practice Address: _____

Correspondence Address: _____

Contact Phone No.: _____ Fax No.: _____

E-mail Address: _____

Current Practice: (Please tick)

- Private Government Service University
 Others (please specify) _____

1 Registrable Qualifications

QUALIFICATION	INSTITUTION	DATE OF AWARD
<i>Basic</i>		
<i>Intermediate</i>		
<i>Exit</i>		

* Please delete as appropriate

Note 1:

- i) Membership to the CDSHK is not registrable with the Dental Council of Hong Kong.
- ii) Membership holder shall have no voting right and are not eligible to hold office at the Council, but may serve on Committee or Subcommittee of the College
- iii) Quotable qualifications and Specialist registration are governed by the Dental Council of Hong Kong under the Dentists Registration Ordinance (Cap. 156).

2 Accredited Training Experience according to Training Pathway

Period (MM/YY)	Position	Institution	Accredited Duration
to			

3 Please submit together with this application form the following:

- (a) A certified copy of each qualification indicated in 1 above.
- (b) Documentary evidence certified by the Supervisor indicated in 2 above.

4 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 verify, to the best of my knowledge, the above information is accurate. I understand that false declaration would lead to termination of my application/membership/fellowship.

Date: _____ Signature: _____

* Delete as appropriate

Proposed by: _____
 (Name) (Signature)

Seconded by: _____
 (Name) (Signature)

***N.B. Applicant must be proposed and seconded by two Fellows of the College
 (preferably nominated by Fellows of the Specialty concerned)***

The personal data provided will be used by the College of Dental Surgeons of Hong Kong for fellowship/membership application purpose.