



THE COLLEGE OF DENTAL SURGEONS OF HONGKONG

香港牙科醫學院

Basic Trainee Application Form

Photo

Reference No.: _____

Specialty: _____

Part 1

#Name: _____ #Name in Chinese: _____

Nationality: _____ Sex: *M / F Date of Birth: _____

*HKID Card/Passport No.: _____

Address: _____

Address for Correspondence (if different from above): _____

Tel No.: (Home) _____ (Office) _____

Mobile No.: _____ Fax No.: _____

E-mail Address: _____

Dental Council of Hong Kong Dentists Registration No.: _____ Year _____

Identical with HKID Card/Passport No.

* Please delete as appropriate

For Official Use

☐ Recognised Duration of Training to receipt date of application: _____ years _____ months

☐ Recommended to College Council for approval
Year & Month of Commencement of Recognised Basic Training: _____
MM / YYYY

☐ Not recommended to College Council for approval

Comments: _____

Signature _____

Name: _____

Chairman of Specialty Board

Date: _____

Signature _____

Name: _____

Secretary of Specialty Board

Date: _____

Part 2**CDSHK Basic Trainee Application Form**

Reference No.: _____

Specialty: _____

Qualification(s)	Institution	Date of Award DD/MM/YYYY

Details of Training

Training Centre	Post	From M/Y	To M/Y	Duration (No. of years & months; full time equivalent)	For Official Use Accredited Duration (years & months)
Total Number of Years and Months in Training:					

Recommended by

Signature_____
Signature_____
Name of Applicant_____
Name of Supervisor of Training Centre

Date: _____

Date: _____

CHECKLIST [Please tick and enclose the original/true copies (certified by a CDSHK Fellow) of the following items.]

- ☐ HKID Card/Passport (destroy upon verification);
☐ supporting evidence of securing Basic Training attachment from accredited training centre;
☐ supporting evidence of 1st year General Practice (Letter or Email), where applicable;
☐ supporting evidence for CME/CPD records for Year 1, as required by the Specialty Board concerned;
☐ certificate(s) of the qualification(s) listed in Part 2;
☐ Certificate of Registration issued by the Dental Council of Hong Kong;
☐ documented evidence of your training; and
☐ a non-refundable training vetting fee of HK\$3,000, cheque made payable to “The College of Dental Surgeons of Hong Kong”

Kindly send the above to The Secretariat, The College of Dental Surgeons of Hong Kong, Room 902, 9/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

The personal data provided will be used by the College of Dental Surgeons of Hong Kong for training and communication purpose.