

TO: Honorary Secretary
The College of Dental Surgeons of Hong Kong
FROM: _____ [Name of Higher Trainee applicant]
REF NO: CDS-M _____ (to be filled in by CDSHK Secretariat)

APPROVED PRACTICE RECORD FORM

I, _____ [Name of Higher Trainee applicant] in the Specialty of _____ [Specialty], would like to certify the following details on the approved practice in conjunction with the CDSHK accredited training centre:-

Name of CDSHK Accredited Training Centre:

Name of Approved Practice:

Date commenced at the abovementioned "Approved Practice": _____

Yours sincerely

Recommended by

Signature

Signature

Name of Higher Trainee Applicant

Name of Supervisor of Training Centre

Date: _____

Date: _____