**The Dental Council of Hong Kong**

**Continuing Professional Development (CPD) Programme for Practising Dentists**

**Enrolment Form (Cycle 1-1-2023 to 31-12-2025)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name in English: |  |  |  |
|  | (Surname) |  | (First Name) |
| Name in Chinese: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dental Council Registration Number:  |  | Date of first registration with Dental Council: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| HKDA Member: | Yes No   |  | (Membership number if applicable) |
| Correspondence Address: |  |
| Contact Number: |  | (Office) |  | (Mobile) |
| Email : |  | Fax number : |  |

Please select only one of the following Administrators (put a “🗸” in the box provided):

|  |  |
| --- | --- |
|  | **Administrators** |
|    | **The College of Dental Surgeons of Hong Kong (CDSHK)**Tel:2871 8866 Fax:2873 6731**Remarks:** Enrolment fee is HK$5,000 for the whole cycle of 3 years (2023-2025). HK$8,000 will be charged if application is received after 30 June 2023. Please complete this form and enclose with a cheque made payable to "The College of Dental Surgeons of Hong Kong" and send to (CDSHK) Room 902, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

|  |
| --- |
| **Note :** **CDSHK Fellows & non-Fellow Specialists / MGD Holders who can meet the HKAM/CDSHK CME/CPD requirements during the cycle will automatically be recommended to DCHK for granting the CME/CPD certified status. There is no need to enrol for the CPD Program separately nor to pay any enrolment fees.** |

 |
|    | **Department of Health (DH)**Tel:2961 8970 Fax:2573 6853**Remarks:** Applicable for Government Dental Officer only. No fee required. |
|    | **Hong Kong Dental Association (HKDA)**Tel:2528 5327 Fax:2529 0755**Remarks**: Enrolment fee for HKDA members is waived for the whole three-year (2023-2025) cycle, as long as valid HKDA membership is maintained during the whole period.  For non-HKDA members, an annual enrolment fee of HK$1,800 will be charged during the three-year cycle.  Please complete this form and enclose a cheque made payable to “Hong Kong Dental Association Ltd” and send to HKDA at 8/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong. |

|  |
| --- |
| **Bank:** |
| **Cheque number:** | **Amount:** |

**\*The completion of this form with a crossed cheque are mandatory for processing, please mail to the selected administrator.**

**\*\*For DH enrolees, please return the completed form to Dental Service Head Office by fax: 2573 6853.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| (Signature of Enrolee) |  |  | (Date) |