***CME/CPD Programme - Attendance Form (For Chairpersons, Speakers & Hands-on Trainers) for the 2023 - 2025 CPD Cycle***

**Appendix XI(a)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date : |  |  |  |  |  | Page No. | of |
| Time: (from) |  | (to): |  | *<Approved Duration>* | Hour(s) | CDSHK Reply Form No.: |  |
| Title of Meeting: |  |  |  |  |  |  |  |
| Organiser: |  |  |  |  |  |  |  |
| Contact Person: |  |  |  | Phone No. |  | Fax No.: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Credits:** | **CDSHK**  **(CME/CPD Points)** | | | | | | |  | **DCHK**  **(CPD Points)** | | | **Core CPD Activity: (Please ✓)** | | | | | | **Core CPD requirement**  **put (A to L) here** | | |  | **HKDA**  **(CPD Hours)** | | |
|  |  | | | | |  |  |  |  | Yes |  |  | No |  |  |  |  |  |  |  |  |
|  |  | | | | | | |  | | |  | | | | | |  | | |  | | |
|  | **Category**  **(Please ✓)** | | | | | | |  | A) Infection control; B) Medical conditions in relation to dentistry and medical emergency; C) Records and consent; D) Dental ethics and Jurisprudence; E) Quality assurance including complaint handling and risk management; F) Communication; G) Dental practice inspection; H) Legal and professional compliance; I) Dental and medical public health issue of local relevance; J) Occupation health and safety; K) Special needs dentistry including geriatric dentistry; L) Radiology & radiography | | | | | | | | | | | |  |  | | |
| A |  | B |  | C |  |  |
|  | | | | | | |

**\*[Please clear indicate the exact role of <Chairperson/Speaker/Hands-on Trainer> & no. of hours in order to avoid potential error]\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Speaker**  **/ Chairperson / Hands-on Trainer** | **Please circle one (\*)** | **No. of Hours (\*)** | **Dental Council Registration No.**  **(if applicable)** |  | **CME / CPD Administrator** | | | | | | |  | **Signature** |
| **For CDSHK members / enrollees**  **\*please**  ***ONE* only** | | | |  | **\*please**  **the appropriate** | |
| **Fellows or Specialists** | **MGD**  **Holders** | **Higher Trainees** | **DCHK**  **Enrollee** | **Dept of Health** | **HKDA** |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |

**\*\*Please return the completed form to the following CME/CPD Administrators within 2 weeks after the meeting\*\***

*(Rev. November 2023)*

|  |  |  |
| --- | --- | --- |
| **The College of Dental Surgeons of Hong Kong** | **Dental Services, Department of Health** | **Hong Kong Dental Association Ltd.** |
| **Email: cme\_cpd@cdshk.org** | **Email: aco3\_td@dh.gov.hk** | **Email: hkda@hkda.org** |

### CME/CPD Programme - Attendance Form (For Chairpersons, Speakers & Hands-on Trainers) for the 2023 - 2025 CPD Cycle

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Page No. | of |
| Date : |  | Time: (from) |  | (to): |  |
| Title of Meeting: |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Speaker**  **/ Chairperson / Hands-on Trainer** | **Please circle one (\*)** | **No. of Hours (\*)** | **Dental Council Registration No.**  **(if applicable)** |  | **CME / CPD Administrator** | | | | | | |  | **Signature** |
| **For CDSHK members / enrollees**  **\*please**  ***ONE* only** | | | |  | **\*please**  **the**  **appropriate** | |
| **Fellows or Specialists** | **MGD**  **Holders** | **Higher Trainees** | **DCHK**  **Enrollee** | **Dept of Health** | **HKDA** |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |

*(Rev. November 2023)*

**\*\*Please return the completed form to the following CME/CPD Administrators within 2 weeks after the meeting\*\***

|  |  |  |
| --- | --- | --- |
| **The College of Dental Surgeons of Hong Kong** | **Dental Services, Department of Health** | **Hong Kong Dental Association Ltd.** |
| **Email: cme\_cpd@cdshk.org** | **Email: aco3\_td@dh.gov.hk** | **Email: hkda@hkda.org** |