

THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

香港牙科醫學院

FELLOWSHIP / MEMBERSHIP APPLICATION FORM

Noweld like to apply for *Fellowship / Membership* of the College of Dental Surgeons of Hong Kong in the Specialty of Periodontology. TRAINEE NO.:			(SAMPLE)		Please	Please delete as appropriate		
TRAINEE NO.: CHAN Tai Man	I would like to apply for *Fellowship / Membership of the College of Dental Surgeons of							
TRAINEE NO.: Name: CHAN Tai Man (in English, Block letters) *HKID/Passport No.: K123456(1) Date of Birth: 1/1/1975 Sex: M Practice Address: Room 123, Grand Tower, 505 Nathan Road, Kowloon Correspondence Address: ditto Contact Phone No.: 9111 1111 Fax No.: 24681012 E-mail Address: chantaiman@netvigator.com Current Practice: (Please tick) Private Government Service University Others (please specify) 1 Registrable Qualifications QUALIFICATION INSTITUTION DATE OF AWARD Basic a) BDS b) MDS The University of Hong Kong b) Advanced Diploma in Periodontology b) The University of Hong Kong college of Dental Surgeons of Hong Kong b) The University of Hong Kong college of Dental Surgeons of Hong Kong college o	Hong Kong in the S	Specialty o	f <u>Period</u>	lontology			·	
*HKID/Passport No.: K123456(1) DCHK No.: D01234 Date of Birth: 1/1/1975 Sex: M Practice Address: Room 123, Grand Tower, 505 Nathan Road, Kowloon Correspondence Address: ditto Contact Phone No.: 9111 1111 Fax No.: 24681012 E-mail Address: chantaiman@netvigator.com Current Practice: (Please tick) Private Government Service University Others (please specify) 1 Registrable Qualifications Refers to the date on the certificates QUALIFICATION INSTITUTION DATE OF AWARD Basic a) BDS b) MDS The University of Hong Kong b) Advanced Diploma in Periodontology All Private All The Royal College of Surgeons of Edinburgh b) The University of Hong Kong College of Dental Surgeons of Hong Kong Exit Exit Exam in Periodontology Refers to the date on the certificates Refers to the date of th	TRAINEE NO.: _							
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E-mail Address: chantaiman@netvigator.com Current Practice: (Please tick) Private Government Service University Others (please specify) Refers to the date on the certificates QUALIFICATION INSTITUTION DATE OF AWARD Basic a) BDS b) MDS The University of Hong Kong b) Advanced Diploma in Periodontology Advanced Diploma in Periodontology College of Dental Surgeons of Hong Kong Exit Exit Exam in Periodontology College of Dental Surgeons of Hong Kong Refers to the date on the certificates A) 14/12/2002 b) 5/12/2006 B) 8/12/2006 B) 8/12/2006 B) 6/1/2008 Refers to the date on the certificates College of Dental Surgeons of Hong Kong Refers to the date of the date	correspondence re	<u> </u>	intio					
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Private Government Service University Others (please specify) Registrable Qualifications National College of Surgeons of Edinburgh Periodontology	E-mail Address:	<u>chantai</u>	man@netvi	gator.com				
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* 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).

Please quote exact wording from the College's website, under Specialty Boards, Accredited Training Institutes, if available

Accredited Training Experience according to Training Pathway 2

Period (MM/YY) Position		Institution /	Accredited Duration	
8/02 to 8/03	Junior Hospital Dental Officer (Full-time)	Prince Philip Dental Hospital	1 year	
9/03 to 8/05	Basic Trainee (Full-time)	Faculty of Dentistry, University of Hong Kong	2 years	
9/05 to 8/06	Basic Trainee (Full-time)	Faculty of Dentistry, University of Hong Kong	1 year	
9/06 to 9/08	Higher Trainee (Full-time)	Faculty of Dentistry, University of Hong Kong	2 years	
to		Please refer to the approved number of years accredited		
to		in the Specialist Training	Please request yo	
Please submit t	together with this application	form the following:	Supervisor to writ letter certifying th	

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.

accredited training experiences you mentioned in 2

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Please remember to delete as appropriate

- (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 app	propriate		
*****	*******	****************	****
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.