



THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香港牙科醫學院

**FELLOWSHIP / MEMBERSHIP
APPLICATION FORM**

(SAMPLE)

Please delete as appropriate

I would like to apply for *Fellowship / Membership¹ of the College of Dental Surgeons of Hong Kong in the Specialty of Periodontology.

TRAINEE NO.: _____

Leave it blank, this number will be assigned later

Name:

CHAN Tai Man

陳大文

(in English, Block letters)

(in Chinese, if applicable)

Photo

*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
<i>Basic</i> a) BDS b) MDS	The University of Hong Kong	a) 14/12/2002 b) 5/12/2005
<i>Intermediate</i> a) MPerio RCSEd b) Advanced Diploma in Periodontology	a) The Royal College of Surgeons of Edinburgh b) The University of Hong Kong	a) 18/10/2006 b) 5/12/2006
<i>Exit</i> Exit Exam in Periodontology	College of Dental Surgeons of Hong Kong	6/1/2008

Refers to the date on the certificates

Refers to the date of the exam

* 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

2 Accredited Training Experience according to Training Pathway

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 in the Specialist Training	
to			

Please request your Supervisor to write a letter certifying the accredited training experiences you mentioned in 2

3 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.

Please remember to delete as appropriate

4 Declaration

- (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 appropriate

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.