



# THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

香港牙科醫學院

## Application Form Exit Examination for Fellowship

Photo

Trainee No.: \_\_\_\_\_

Name: \_\_\_\_\_ Name in Chinese: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Training Centre: \_\_\_\_\_

Date of Passing Intermediate Examination (D/M/Y): \_\_\_\_\_

I wish to enter for the Exit Examination for the Fellowship of the College of Dental Surgeons of Hong Kong in the Specialty of \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be filled in by Programme Supervisor*

The applicant has fulfilled the following requirements:-

- Recognised Duration of Training to receipt date of application: \_\_\_\_\_ years \_\_\_\_\_ months
- 30 CME points per year of Higher Training ☐ Yes ☐ Not applicable  
(Relevant CME/CPD records MUST be submitted with this application form) ☐ No (deficient of \_\_\_\_\_ CME points)

- Recommended by Programme Supervisor ☐ Yes ☐ No

Other Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Programme Supervisor

Approved by

Signature

Name:

Chairman of Specialty Board

Date:

Signature

Name:

Secretary of Specialty Board

Date:

### Notes:

The personal data provided will be used by the College of Dental Surgeons of Hong Kong for the following purpose:

- 1) Proof of eligibility and conduction of the examination
- 2) Record of examination results and contact of candidates
- 3) For preparing statistics.

Please attach to this form one passport size photograph in the space provided and the full fee of HK\$33,000 (Exit Examination). Cheque made payable to "The College of Dental Surgeons of Hong Kong" and return to College Secretariat, The College of Dental Surgeons of Hong Kong, Room 902 HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

A bounced cheque or payment not honoured would imply the application becoming unsuccessful. An additional 10% surcharge (i.e. HK\$3,300) would be applied for application re-submission.



# THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

## 香港牙科醫學院

### TO BE COMPLETED BY CANDIDATE (Higher Training)

#### Details of Supervised Training

Full time (or part time  
equivalent) in appropriate posts,  
courses & programme of training.

(Remarks: 3 years for Specialty in Oral &  
Maxillofacial Surgery and 2 years for other  
specialties)

(i) Institute Stamp

.....

Title of Post .....

From ..... To .....

Signature of Consultant or Authorised Officer\*

.....

(ii) Institute Stamp

.....

Title of Post .....

From ..... To .....

Signature of Consultant or Authorised Officer\*

.....

(iii) Institute Stamp

.....

Title of Post .....

From ..... To .....

Signature of Consultant or Authorised Officer\*

.....

#### Recommended by

Name of Trainer / Supervisor (s):

(Signature) \_\_\_\_\_

(Name) \_\_\_\_\_