THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

香港牙科醫學院

APPLICATION FOR EXIT EXAMINATION

Please read the following notes and comply with all requirements:

Notes to Applicants

- Fill in all sections unless specifically exempted. Failure to do so may result in processing delays or rejection.
- Application which have not been properly completed will be returned for clarification, including any missing required signatures.
- Fill or Type the application and print clearly.
- Provide "**Certified True Copies**" of all relevant documents. Endorsement by at least one Fellow of the College on the documents shall be sufficient. **Please indicate the full name and CDSHK membership number of the Fellow for verification.**
- **Do not submit any original certificates or documents.**
- All documents submitted should be in A4 size.
- Retain a copy of your application and all submitted documents, as the CDSHK does not take responsibility for any documents lost or damaged.
- Applicant is required to send his/her application along with all relevant supporting documents and fees.
- A cheque of HK$40,000 (Exit Examination) made payable to "The College of Dental Surgeons of Hong Kong".

  **A bounced cheque or payment not honoured would imply the application becoming unsuccessful. An additional 10% surcharge (i.e. HK$4,000) would be applied for application re-submission.*
- Please attach to this form one passport size photograph in the space provided.
- Application received will be acknowledged via email.
- The Secretariat may contact you regarding your application via email or mobile phone. Please provide a valid email address and mobile phone. Kindly reminded to check your email regularly.
- All applicants will be notified of the result by post. No telephone enquiry about the results will be allowed.
- Applicants are required to notify the CDSHK if there are any subsequent changes to the information provided after submission of the application form.
- If you would like to submit the application by post, please affix sufficient postage and provide a return address on the envelope.
- Application should be sent to:
  The College of Dental Surgeons of Hong Kong
  Room 902, Hong Kong Academy of Medicine Jockey Club Building
  99 Wong Chuk Hang Road, Aberdeen Hong Kong

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香港牙科醫學院

APPLICATION FOR EXIT EXAMINATION

Personal Data Collection

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

- Proof of eligibility and conduction of the examination
- Record of examination results and contact of candidates
- For preparing statistic

Enquiry

If you have any queries, please contact the College Secretariat:

Tel: 2871 8866
Email: info@cdshk.org

Checklist for Application

Applicant is required to submit the application along with the following documents:

❒ Application Form (including all the required signatures)

❒ Certified True Copy of relevant supporting documents (e.g. examinations, qualifications, past & current training experience etc.)

❒ CME/CPD records (30 CME/CPD for each year during Higher Training)

❒ Passport size photograph

❒ Payment (a crossed cheque, made payable to "**The College of Dental Surgeons of Hong Kong**" for the amount of Exit Examination Fee)

THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

香港牙科醫學院

APPLICATION FOR EXIT EXAMINATION

Please fill in all sections unless specifically exempted. Failure to do so may result in processing delays or rejection.

Apply for Exit Examination in the Specialty of

- ❒ Community Dentistry
- ❒ Family Dentistry
- ❒ Orthodontics
- ❒ Periodontology
- ❒ Endodontics
- ❒ Oral & Maxillofacial Surgery
- ❒ Paediatric Dentistry
- ❒ Prosthodontics

Photo

Section A: Personal Details

Name:	Chinese Name (if applicable):
Contact Phone No.:	CDSHK Trainee No.:
Email Address:	
Full Postal Address:	
Current Training Centre:	Current Training Position:
Date of Passing Intermediate Examination (DD/MM/YYYY):	

Application Form Reviewed and Approved by

Signature: _____ Signature: _____

Name: _____ Name: _____

Chairman of Specialty Board Secretary of Specialty Board

Date: _____ Date: _____

For CDSHK Secretariat Use ONLY		
Application received on	Endorsed by E&EC on	Approved by Council on

Section B: Details of Supervised Training – Higher Training (To be completed by Applicant)

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)

Institution:			Institute Stamp
Title of Training Post:			
Duration: (in months)	From (MM/YYYY)	To (MM/YYYY)	
Signature of Consultant or Authorised Officer:			

Institution:			Institute Stamp
Title of Training Post:			
Duration: (in months)	From (MM/YYYY)	To (MM/YYYY)	
Signature of Consultant or Authorised Officer:			

Institution:			Institute Stamp
Title of Training Post:			
Duration: (in months)	From (MM/YYYY)	To (MM/YYYY)	
Signature of Consultant or Authorised Officer			

Institution:			Institute Stamp
Title of Training Post:			
Duration: (in months)	From (MM/YYYY)	To (MM/YYYY)	
Signature of Consultant or Authorised Officer			

Section C: Training Evaluation and Recommendation – To be filled by Trainer and Supervisor

(For Community Dentistry Only)

Notes for completing this evaluation form

Trainee's performance should be basically classified as either "Satisfactory" or "Unsatisfactory".

It is expected that the majority of trainees would fall into the "Satisfactory" category. Please assess the trainee in each of the aspects listed, using the rubrics in the right columns as guidelines.

Please provide explanatory notes for any aspect which is assessed as unsatisfactory.

Evaluation Period			
From (MM/YYYY)		**To (MM/YYYY)**	
(A) Clinical/Practical Skill			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
OHE and promotion	Satisfactory / Unsatisfactory*	Usually effective, deliver orderly and systematically	Ineffective, poorly delivered, poor basic skills
Oral health research	Satisfactory / Unsatisfactory*	Use appropriate methods and data analysis	Serious deficiencies in the methods used, inappropriate data analysis
Oral health care service	Satisfactory / Unsatisfactory*	Able to manage and deliver OH care programme to different groups	Major problems with management and delivery of OH care programmes
(B) Communication Skill			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
With partner/public	Satisfactory / Unsatisfactory*	Listens well, explains well, trusted by the partner/public.	Bad listener/communicator, disliked by partner/public
With other health care team members	Satisfactory / Unsatisfactory*	Good rapport with other staff. Willing to help.	Refuses to help out. Poor relationship with peers and may undermine.
(C) Knowledge Base			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Knowledge of subject	Satisfactory / Unsatisfactory*	Adequate fund of knowledge and relates it well to practice.	Poor knowledge base. Significant deficiencies or poor perspective
Project planning	Satisfactory / Unsatisfactory*	Plans are well presented and evidence-based	Wordy or inaccurate information, poor organization, lack evidence/support
Learning	Satisfactory / Unsatisfactory*	Reads appropriately, asks for information and follow-up.	Little evidence of reading texts or journals. Needs direction to study.
(D) Professionalism			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Reliability Punctuality	Satisfactory / Unsatisfactory*	Dependable. Efficient in use of his / her time	Poor time management. Forgets to do things. Unreliable
Self motivation Organization	Satisfactory / Unsatisfactory*	Hard-working, keen to learn, self-organizes waiting list.	Idle, lacking in any work enthusiasm. Behind with letters or summaries.
Acceptance of criticism	Satisfactory / Unsatisfactory*	Adequate response. Works to correct the problem area.	Responds poorly to criticism. Angry. "Turn off".
Overall Assessment of the training:	Satisfactory / Unsatisfactory*		

Additional / Explanatory Notes (*including but not limited to training progress, development, achievement and incident involved where appropriate or applicable)*

(If insufficient space attach separate document)

** Please delete where appropriate*

Section C: Training Evaluation and Recommendation – To be filled by Trainer and Supervisor

(For Other Specialties)

Notes for completing this evaluation form

Trainee's performance should be basically classified as either "Satisfactory" or "Unsatisfactory".

It is expected that the majority of trainees would fall into the "Satisfactory" category. Please assess the trainee in each of the aspects listed, using the rubrics in the right columns as guidelines.

Please provide explanatory notes for any aspect which is assessed as unsatisfactory.

Evaluation Period			
From (MM/YYYY)		**To (MM/YYYY)**	
(A) Clinical/Practical Skill			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Case assessment	Satisfactory / Unsatisfactory*	Usually complete, orderly and systematic	Incomplete or inaccurate, poorly recorded, poor basic skills
Practical skill	Satisfactory / Unsatisfactory*	Good hand / eye coordination. Sound skills for level of training	Too hasty or too slow. Slow learner. Poor hand / eye coordination.
Post-operative care	Satisfactory / Unsatisfactory*	Conscientious. Good awareness of complications. Reliable follow-up	Disinterested. Fails to notice complications and act appropriately
(B) Communication Skill			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
With patients/clients	Satisfactory / Unsatisfactory*	Listens well, explains well. Trusted by the patient.	Bad listener/communicator. Disliked by patients. Increases patient anxieties.
With other health care team members	Satisfactory / Unsatisfactory*	Good rapport with other staff. Willing to help.	Refuses to help out. Poor relationship with peers and may undermine.
(C) Knowledge Base			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Knowledge of subject	Satisfactory / Unsatisfactory*	Adequate fund of knowledge and relates it well to patient care.	Poor knowledge base. Significant deficiencies or poor perspective
Case presentations	Satisfactory / Unsatisfactory*	Competent, concise and correct on clinical details. Good deductions.	Wordy or inaccurate on history, signs or diagnosis. Poor discussion.
Learning	Satisfactory / Unsatisfactory*	Reads appropriately, asks for information and follow-up.	Little evidence of reading texts or journals. Needs direction to study.
(D) Professionalism			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Reliability Punctuality	Satisfactory / Unsatisfactory*	Dependable. Efficient in use of his / her time	Poor time management. Forgets to do things. Unreliable
Self motivation Organization	Satisfactory / Unsatisfactory*	Hard-working, keen to learn, self-organizes waiting list.	Idle, lacking in any work enthusiasm. Behind with letters or summaries.
Acceptance of criticism	Satisfactory / Unsatisfactory*	Adequate response. Works to correct the problem area.	Responds poorly to criticism. Angry. "Turn off".
Overall Assessment of the training:	Satisfactory / Unsatisfactory*		

Additional / Explanatory Notes (*including but not limited to training progress, development, achievement and incident involved where appropriate or applicable)*

(If insufficient space attach separate document)

** Please delete where appropriate*

Section C: Training Evaluation and Recommendation – To be filled by Trainer and Supervisor (Cont'd)

Recommendation
☐ Trainee should be allowed to sit for Exit Examination. ☐ Trainee should continue the Higher training. ☐ Trainee should be warned of the identified deficiencies; continuation of training is jeopardized. ☐ Trainee should be discontinued from training because of deficiencies that have not been rectified.
Name: _____ Signature: _____ Date: _____ Trainer

Recommendation - To be filled in by Programme Supervisor				
Recognised Duration of Training at the receipt date of application:		years		months
30 CME points per year of Higher Training*: ❒ Yes ❒ Not Applicable ❒ No (deficient of _____CME points) *Relevant CME/CPD records MUST be submitted with this application form)				
Recommended by Programme Supervisor: ❒ Yes ❒ No				
Other Comments:				
Name: _____ Signature: _____ Date: _____ Programme Supervisor				

Section D: Declaration

- ❒ **I have reviewed the evaluation form.**
- ❒ **I enclose a cheque (Cheque No.: _____ , Bank: _____) for HK$40,000 being Examination fee for FCDSHK Exit Examination.**
- ❒ **I have read and understood all rules and regulations related to the examination and have discussed my application with relevant trainer(s) and Specialty Board member(s).**
- ❒ **I declare that the information and the documents provided for this application is true and correct.**

_____ _____ _____

Name of Applicant Signature Date