

**Continuing Professional Development (CPD) Programme of  
The Dental Council of Hong Kong**

**Claim Form for Pre-approved Overseas CPD Activity or  
Activity organized by Approved Overseas Organization**

**I. Particulars of applicant**

- (a) Name: \_\_\_\_\_ (b) Dental Council Registration No.: \_\_\_\_\_  
(if applicable)
- (c) Phone No: \_\_\_\_\_ (d) E-mail address: \_\_\_\_\_
- (e) Enrolled CPD Programme Administrator:     CDSHK  DH     HKDA

**II. Details of Overseas CPD Activity** (*held on or after 13.6.2018*)

Name of CPD Activity: _____			
Organizing Institute: _____			
Date(s): _____		Total no. of Hour(s) Attended: _____	
Place: _____			
Speaker(s): (if applicable/known) _____			
No. of Hour(s) claimed as being: (Please select the appropriate item)	Attendee:		Chairperson:
	Demonstrator:		Presenter / Speaker:
Nature & Duration of Activity:    Meeting: _____ Hour(s)    Workshop: _____ Hour(s)			
Others: (Please specify: _____) _____ Hour(s)			

**Remarks:**

- (1) *Synopsis of the activity and evidence of attendance should be attached to the application form.*
- (2) *The application form should be submitted to the respective CPD Programme Administrators and will be assessed individually by the CPD Programme Accreditors on the credit points to be awarded.*

**Signature:** \_\_\_\_\_

**Report Date:** \_\_\_\_\_

**For official use only:**

**CPD points credited:** \_\_\_\_\_ **Checked by:** \_\_\_\_\_ **Date:** \_\_\_\_\_