***CME/CPD Programme - Attendance Form (For Chairpersons, Speakers & Hands-on Trainers) for the 2023 - 2025 CPD Cycle***

**Appendix XI(a)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date : |  |  |  |  |  | Page No. |  of  |
| Time: (from) |  | (to): |  | *<Approved Duration>* | Hour(s) | CDSHK Reply Form No.: |  |
| Title of Meeting: |  |  |  |  |  |  |  |
| Organiser: |  |  |  |  |  |  |  |
| Contact Person: |  |  |  | Phone No. |  | Fax No.: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Credits:** | **CDSHK****(CME/CPD Points)** |  | **DCHK****(CPD Points)** | **Core CPD Activity:(Please ✓)** | **Core CPD requirement****put (A to L) here** |  | **HKDA****(CPD Hours)** |
|  |  |  |  |  |  | Yes |  |  | No |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Category****(Please ✓)** |  | A) Infection control; B) Medical conditions in relation to dentistry and medical emergency; C) Records and consent; D) Dental ethics and Jurisprudence; E) Quality assurance including complaint handling and risk management; F) Communication; G) Dental practice inspection; H) Legal and professional compliance; I) Dental and medical public health issue of local relevance; J) Occupation health and safety; K) Special needs dentistry including geriatric dentistry; L) Radiology & radiography |  |  |
| A |  | B |  | C |  |  |
|  |

**\*[Please clear indicate the exact role of <Chairperson/Speaker/Hands-on Trainer> & no. of hours in order to avoid potential error]\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Speaker****/ Chairperson / Hands-on Trainer** | **Please circle one (\*)** | **No. of Hours (\*)** | **Dental Council Registration No.****(if applicable)** |  | **CME / CPD Administrator** |  | **Signature** |
| **For CDSHK members / enrollees****\*please**  ***ONE* only** |  | **\*please**  **the appropriate** |
| **Fellows or Specialists** | **MGD****Holders** | **Higher Trainees** | **DCHK****Enrollee** | **Dept of Health** | **HKDA** |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |

**\*\*Please return the completed form to the following CME/CPD Administrators within 2 weeks after the meeting\*\***

*(Rev. November 2023)*

|  |  |  |
| --- | --- | --- |
| **The College of Dental Surgeons of Hong Kong** | **Dental Services, Department of Health** | **Hong Kong Dental Association Ltd.** |
| **Email: cme\_cpd@cdshk.org** | **Email: aco3\_td@dh.gov.hk** | **Email: hkda@hkda.org** |

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|  |  |  |  | Page No. |  of  |
| Date : |  | Time: (from) |  | (to): |  |
| Title of Meeting: |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Speaker****/ Chairperson / Hands-on Trainer** | **Please circle one (\*)** | **No. of Hours (\*)** | **Dental Council Registration No.****(if applicable)** |  | **CME / CPD Administrator** |  | **Signature** |
| **For CDSHK members / enrollees****\*please**  ***ONE* only** |  | **\*please**  **the****appropriate** |
| **Fellows or Specialists** | **MGD****Holders** | **Higher Trainees** | **DCHK****Enrollee** | **Dept of Health** | **HKDA** |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |

*(Rev. November 2023)*

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