# Annex A to Appendix IV

**Annual Return Form on**

**Continuing Professional Development (“CPD”) Programme by Full / Provisional CPD Programme Providers**

**for the 2023 - 2025 CPD Cycle**

#### Name of CPD Programme Provider: (Full / Provisional)

**Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(I) Report on the CPD Activities Organised**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name of CPD Activity** | **Date** **and** **Time** | **CPD****Point(s)** | **No. of #Registered****Dentists Attended** | **Core CPD****(If yes, please specify the area)** | **Activity in Partnership (If yes, please specify the name of partner)** | **Mode of Attendance**1. **Online with Live Streaming**
2. **Online (On Demand)**
3. **Physical Attendance**
4. **Dual Mode**[**1**](#_bookmark1)
 | **For Online CPD activity (i.e. A, B and D), please specify****the attendance verification method** |
|  |  |  |  |  |  |  | □ A | / □ B / □ C / □ D |  |
|  |  |  |  |  |  |  | □ A | / □ B / □ C / □ D |  |
|  |  |  |  |  |  |  | □ A | / □ B / □ C / □ D |  |
|  |  |  |  |  |  |  | □ A | / □ B / □ C / □ D |  |

# Registered Dentists refer to the dentists registered with the Dental Council of Hong Kong.

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1 CPD activities delivered online with live streaming (but not on demand) and requiring physical attendance concurrently are regarded as dual mode CPD activities.

#### Present Members of the Governing Body

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **Qualification** |  | **Post Title** |
| (1) |  |  |  |  |
| (2) |  |  |  |  |
| (3) |  |  |  |  |
| (4) |  |  |  |  |
| (5) |  |  |  |  |
| (6) |  |  |  |  |
| (7) |  |  |  |  |
| (8) |  |  |  |  |
| (9) |  |  |  |  |
| (10) |  |  |  |  |

|  |  |
| --- | --- |
| Remarks: | 1. Both Full and Provisional CPD Programme Providers are required to submit a completed Annual Return Form of the accredited CPD activities organised and the present members of the governing body of the respective organisation by the **end of March each year**.
2. For the last annual return in each CPD cycle, it should be submitted by the **7th day of September**.
3. The following documents should be submitted together with this Annual Return Form –
	1. Evaluation Form (**Annex B to Appendix IV**);
	2. Synopsis for each organised CPD activity; and
	3. Written confirmation issued by the CPD Programme Accreditor certifying the CPD points accredited for each CPD activity.
4. The original signed Annual Return Form should be submitted to the Dental Council by mail at 4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong and the softcopy in MS Word format by email to dchk@dh.gov.hk separately
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|  |  |  |
| --- | --- | --- |
| **Name of Person****in-charge:**  |  **Signature:**  | **Date:**  |

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