**Annex A to Appendix IV**

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| **Annual Return Form on**  **Continuing Professional Development (CPD) Programme by Full / Provisional CPD Programme Providers**  **for the 2020 - 2022 CPD Cycle** | | | | |
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| **Name of the CPD Programme Provider :** |  |  | **(Full / Provisional)** | |  |

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

1. **Report on the CPD Activities Organized**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** | **Online CPD Activity**  **(Yes or No)** |
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# Registered Dentists refer to the dentists registered with the Dental Council of Hong Kong.

*Rev. Jul 2020*

**Present Members of the Governing Body**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Qualification** | | | **Post Title** | |
| (1) |  | |  |  | |  | |
| (2) |  | |  |  | |  | |
| (3) |  | |  |  | |  | |
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| (10) |  | |  |  | |  | |

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| 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 organization 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 – 4. Evaluation Form (**Annex B to Appendix IV**); 5. Synopsis for each organized CPD activity; and 6. Written confirmation issued by the CPD Programme Accreditor certifying the CPD points accredited for each CPD activity. 7. 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](mailto:dchk@dh.gov.hk) separately |

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| **Name of Person in-charge:** |  | **Signature:** |  | **Date:** |  |

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