***CME/CPD Programme***

**Append****ix IVa**

**Attendance Form (For Speakers and Chairpersons)**

Page No. 1 of \_\_\_\_\_

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| Date : |  | | | |  | | |  | Time : (From) | |  | | (To) | | |  | CDSHK Reply Form No. : | | | | |  |
| Title of Meeting : | | | |  | |  |  | | | |  | |  | | |  |  | | | | |  |
| Organiser : | |  |  | | | | |  | |  | |  | |  | | | | |  | |
| Contact Person : | | | |  | | | | | | | Contact Phone No.: | | | |  | | | Fax No. : | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Credits :** | **CDSHK**  **(CME/CPD  Points)**  \_\_\_\_\_\_ | **Category**  **(Please ✓)**  A ❒  B ❒  C ❒ |  | **DCHK**  **(CPD Points)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Core CPD Activity:**  **(Please circle)**  Infection control /Dental & Medical Emergency / Record &Consent / Dental Ethics & Jurisprudence / Quality assurance & Risk Mgt / Communication / Dental Practise Inspection / Legal & Prof Compliance / Dental public health issue / OSH / Special needs Dentistry / Radiation Safety |  | **HKDA**  **(CPD Hours)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\*<”Speaker / Chairman” and “No. of Hours” are mandatory for processing.>\*.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Speaker / Chairperson**  **(In Full Name with**  **BLOCK Letters)** | **Please**  **circle one** | **No. of Hours** | **Dental**  **Council Registration**  **No.**  **(If Applicable)** |  | **CDSHK Programme** | | |  | **DCHK Programme** | | |  | **Signature** |
| **Fellows or Specialists** | **MGD** | **Specialist**  **Trainees** | **CPD Administrator** | | |
| **CDSHK** | **Dept of**  **Health** | **HKDA** |
|  | Speaker |  |  |  |  |  |  |  |  |  |
| Chairperson |
|  | Speaker |  |  |  |  |  |  |  |  |  |
| Chairperson |

**(Photocopied forms will also be accepted)**

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

**The College of Dental Surgeons of Hong Kong, Fax. No.: (852) 2873 6731**

**Dental Services, Dept. of Health, Fax. No.: (852) 2573 0518**

**Hong Kong Dental Association Ltd., Fax. No.: (852) 2529 0755**

**Rev. Jan-2014**

***CME/CPD Programme***

**Attendance Form (For Speakers and Chairpersons)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title of Meeting : |  | Event Date : |  | Page No. |  | of |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Speaker / Chairperson**  **(In Full Name with**  **BLOCK Letters)** | **Please**  **circle one** | **No. of Hours** | **Dental**  **Council Registration**  **No.**  **(If Applicable)** |  | **CDSHK Programme** | | |  | **DCHK Programme** | | |  | **Signature** |
| **Fellows or Specialists** | **MGD** | **Specialist**  **Trainees** | **CPD Administrator** | | |
| **CDSHK** | **Dept of**  **Health** | **HKDA** |
|  | Speaker |  |  |  |  |  |  |  |  |  |
| Chairperson |
|  | Speaker |  |  |  |  |  |  |  |  |  |
| Chairperson |
|  | Speaker |  |  |  |  |  |  |  |  |  |
| Chairperson |
|  | Speaker |  |  |  |  |  |  |  |  |  |
| Chairperson |
|  | Speaker |  |  |  |  |  |  |  |  |  |
| Chairperson |
|  | Speaker |  |  |  |  |  |  |  |  |  |
| Chairperson |
|  | Speaker |  |  |  |  |  |  |  |  |  |
| Chairperson |

**(Please make photocopies of this form whenever necessary)**

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