***CME/CPD Programme***

**Append****ix IVa**

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

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.>\*.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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