**Appendi****x IX**

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**The Dental Council of Hong Kong**

**Report Form for Self-arranged Study Group**

**for the 2020 - 2022 CPD Cycle**

1. **Particulars of applicant**

(a) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) Dental Council Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

(if applicable)

1. CPD Programme Administrator: CDSHK DH HKDA
2. Date and Time of the Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***----------------------------------------------------------------------------------------------------------------------------***

***Guidelines :***

1. *The size of the group should be kept in the range from 4 to 8;*
2. *4 to 8 participants must include at least 1 Fellow of the College of Dental Surgeons;*
3. *During the conduction of the activity, participants should keep the patient information confidential;*
4. *The applicants should submit the standard form with attendance form and case summary form for self-arranged study group for assessment by the CPD Programme Accreditors via the relevant CPD Programme Administrators; and*
5. *A maximum of 1 point may be awarded for each activity and a maximum of 5 points may be awarded for self-arranged study group in each cycle.*

**For official use only:**

**CPD points credited: Checked by: Date:**

**Appendix IX**

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**The Dental Council of Hong Kong**

**Self-arranged Study Group Attendance Form**

**for the 2020 - 2022 CPD Cycle**

(The size of the Study Group should be limited to 4-8 participants)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date : |  | | |  | | | | | | | | Page No. | |  | of |  |
| Time: (from) |  | (to): |  | |  | |  | |  |
| Contact Person: |  | | | | | Phone No. | |  | | | Fax No.: | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name**  **of Participant** | **Dental Council Registration No.**  **(if applicable)** | **Categories of Participants**  ***(please ✓ as appropriate)*** | | **Signature** |
| **Fellows** | **Others** |
|  |  |  |  |  |
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**Appendix IX**

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**The Dental Council of Hong Kong**

**Self-arranged Study Group Case Summary Form**

**for the 2020 - 2022 CPD Cycle**

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

|  |  |  |
| --- | --- | --- |
| Case | Case information | Presenter |
| 1  Gender/age  / | Diagnosis and special clinical information:  Useful clinical tips: |  |
| 2  Gender/age  / | Diagnosis and special clinical information:  Useful clinical tips: |  |
| 3  Gender/age  / | Diagnosis and special clinical information:  Useful clinical tips: |  |
| 4  Gender/age  / | Diagnosis and special clinical information:  Useful clinical tips: |  |