**Appendix VIII**

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| **Annual Return on Continuing Professional Development (CPD) Programme by**  **Full / Provisional CPD Programme Providers** | | | | |
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|  | | | |
| **Name of the CPD Programme Provider :** |  |  | **(Full / Provisional)** | |  |

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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)** |
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\* Please complete the Evaluation Form for each organized CPD activity and provide the synopsis of each activity.

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

**Present Members of the Governing Body**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Qualification** | | | **Post Title** | |
| (1) |  | |  |  | |  | |
| (2) |  | |  |  | |  | |
| (3) |  | |  |  | |  | |
| (4) |  | |  |  | |  | |
| (5) |  | |  |  | |  | |
| (6) |  | |  |  | |  | |
| (7) |  | |  |  | |  | |
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| (10) |  | |  |  | |  | |
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| Remarks: | 1. Both Full and Provisional CPD Programme Providers are required to submit an annual return 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 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:** |  |