**Appendix XI(a)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date : |  | | |  | | | | | | | | Page No. | |  | of |  |
| Time: (from) |  | (to): |  | | *<Approved Duration>* | |  | | Hour(s) | CDSHK Reply Form No.: | | | |  | | |
| Title of Meeting: |  | | | | | | | | | | | | | | | |
| Organizer: |  | | | | | | | | | | | | | | | |
| Contact Person: |  | | | | | Phone No. | |  | | | Fax No.: | |  | | | |

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| **Credits:** | **CDSHK**  **(CME/CPD Points)** | | | | | | |  | **DCHK**  **(CPD Points)** | | | **Core CPD Activity: (Please ✓)** | | | | | | **Core CPD requirement**  **put (A to L) here** | | |  | **HKDA**  **(CPD Hours)** | | |
|  |  | | | | |  |  |  |  | Yes |  |  | No |  |  |  |  |  |  |  |  |
|  |  | | | | | | |  | | |  | | | | | |  | | |  | | |
|  | **Category**  **(Please ✓)** | | | | | | |  | A) Infection Control; B) Dental & Medical Emergency; C) Records & Consent; D) Dental Ethics & Jurisprudence; E) Quality Assurance & Risk Mgt; F) Communication; G) Dental Practice Inspection; H) Legal & Professional Compliance; I) Dental Public Health Issue;  J) Occupation Health & Safety; K) Special Needs Dentistry; L) Radiology & Radiography | | | | | | | | | | | |  |  | | |
| A |  | B |  | C |  |  |
|  | | | | | | |

**\*[Please clear indicate the exact role of <Chairperson/Speaker/Hands-on Trainer> & no. of hours in order to avoid potential error]\***

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| **Full Name of Speaker / Chairperson / Hands-on Trainer** | **Please**  **circle one**  **(\*)** | **No. of Hours**  **(\*)** | **Dental**  **Council Registration**  **No.**  **(if applicable)** |  | **CME / CPD Administrator** | | | | | | |  | **Signature** |
| **For CDSHK members / enrollees**  **\*please ✓ *ONE* only** | | | |  | **\*please ✓ the appropriate** | |
| **Fellows or Specialists** | **MGD**  **Holders** | **Higher**  **Trainees** | **DCHK Enrollee** | **Dept of**  **Health** | **HKDA** |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |

*Rev. Jan 2020*

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| Date : |  | Time: (from) |  | (to): | |  | | | |
| Title of Meeting: |  | | | | | | | | |

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| **Full Name of Speaker / Chairperson / Hands-on Trainer** | **Please**  **circle one**  **(\*)** | **No. of Hours**  **(\*)** | **Dental**  **Council Registration**  **No.**  **(if applicable)** |  | **CME / CPD Administrator** | | | | | | |  | **Signature** |
| **For CDSHK members / enrollees**  **\*please ✓ *ONE* only** | | | |  | **\*please ✓ the appropriate** | |
| **Fellows or Specialists** | **MGD**  **Holders** | **Higher**  **Trainees** | **DCHK Enrollee** | **Dept of**  **Health** | **HKDA** |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
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| Speaker |
| Hands-on Trainer |
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| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |
|  | Chairperson |  |  |  |  |  |  |  |  |  |  |  |  |
| Speaker |
| Hands-on Trainer |

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