**Appendix XI(b)**

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| 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 |  |  |
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| **Full Name** **of Participant** | **Dental Council Registration No.****(if applicable)** |  | **CME / CPD Administrator** |  | **Signature** |
| **For CDSHK members / enrollees****\*please ✓ *ONE* only** |  | **\*please ✓ the appropriate** |
| **Fellows / Specialists** | **MGD Holders** | **Higher Trainees** | **DCHK Enrollee** | **Dept of Health** | **HKDA** |
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| Title of Meeting: |  |

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| **Full Name** **of Participant** | **Dental Council Registration No.****(if applicable)** |  | **CME / CPD Administrator** |  | **Signature** |
| **For CDSHK members / enrollees****\*please ✓ *ONE* only** |  | **\*please ✓ the appropriate** |
| **Fellows / Specialists** | **MGD Holders** | **Higher Trainees** | **DCHK Enrollee** | **Dept of Health** | **HKDA** |
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