**Appendix XII**

**Continuing Professional Development (CPD) Programme of**

**The Dental Council of Hong Kong**

**Claim Form for Pre-approved Overseas CPD Activity**

**or Activity organized by Approved Overseas Organization**

**for the 2020 - 2022 CPD Cycle**

1. **Particulars of Applicant**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (a) Name: | |  | | | | (b) Dental Council Registration No. | |  |
|  | |  | | | | (if applicable) |  | |
| (c) Phone No.: | | |  | | | (d) E-mail address: |  | |
|  | | | |  | |  |  | |
| (e) Enrolled CPD Programme Provider: | | | | □ CDSHK □ DH □ HKDA | | | | |

1. **Details of Overseas CPD Activity**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of CPD Activity: | | | | |  | | | | | | | | | | | | |
| Organizing Institute: | | |  | | | | | | | | | | | | | | |
| Date(s): | |  | | | | | | Total no. of Hour(s) Attended: | | | | | |  | | | |
| Place: |  | | | | | | | | | | | | | | | | |
| Speaker(s):  (if applicable/known) | | | |  | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | |
| No. of Hour(s) claimed as being:  (Please select the appropriate item) | | | | | | | Attendee: | | |  | | Chairperson: | | | |  |  |
| Demonstrator: | | |  | | Presenter / Speaker: | | | |  |  |
| Nature & Duration of Activity: | | | | | | Meeting: | | | Hour(s) | | Workshop: | | Hour(s) | | | |  |
|  | | | | | | Others: (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | Hour(s) | |  |
|  | | | | | | | | | | | | | | | | | |

*Remarks:*

1. *Synopsis of the activity and evidence of attendance should be attached to the application form.*
2. *The application form should be submitted to the respective CPD Programme Administrators and will be assessed individually by the CPD Programme Accreditors on the credit points to be awarded.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature**: |  | **Report Date:** |  |

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**For official use only:**

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

*Rev. Nov 2019*