**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:** |  |

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

**For official use only:**

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

*Rev. Nov 2019*