**Annex**

**The Dental Council of Hong** **Kong**

**Application for Entering Qualifications**

**on the List of Registrable/Quotable Additional Qualifications**

[Please read Guidance Notes as attached before completing]

**Part I (To be completed by the applicant)**

|  |  |  |
| --- | --- | --- |
| Name of applicant | : |  |
| Registration no. | : |  |
| Practising address  | : |  |
| Telephone no. | : |  |
| Fax no. | : |  |
| E-mail address | : |  |
| Registered Qualification(s) | : |  |

**Part II (To be completed by the applicant)**

1. **Official title of qualification**

|  |  |  |
| --- | --- | --- |
| English Title | Abbreviation | Chinese Title (if any) |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Conferring Institution | : |  |
| Faculty/Department | : |  |
| Awarding Year | : |  |

1. **Qualification obtained by**

|  |
| --- |
|[ ]  course work |
|[ ]  supervised clinical training |
|[ ]  research |
|[ ]  examination |
|[ ]  others (please specify): |  |
|  | (applicant may tick more than one box) |

1. **Qualification is related to**

|  |  |
| --- | --- |
|  | (dental specialty/area) |

1. **Pre-requisites for enrolment**

|  |  |
| --- | --- |
| [ ]  | BDS or equivalent |
|[ ]  non-dental bachelor degree |
|[ ]  non-degree qualification, i.e.  |  |
|[ ]  other requirements (please specify) :- |

|  |
| --- |
|  |

1. **Enrolment open to**

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|[ ] [ ]  dental practitioners |
|[ ] [ ]  other health care professionals (please specify) :  |
|[ ] [ ]  non-dental personnel |

1. **Programme details**
2. Level of qualification

|  |
| --- |
|[ ]  Doctorate |
|[ ]  Master |
|[ ]  Postgraduate Diploma |
|[ ]  Undergraduate |
|[ ]  Certificate |
|[ ]  Fellowship |
|[ ]  Membership |
|[ ]  Others (please elaborate) :- |
|  |  |

1. Mode of attendance

|  |
| --- |
|[ ]  Full-time  |
|[ ]  Part-time  |
|[ ]  Web-based Distance learning |
|[ ]  Non-Web-based Distance learning |
|[ ]  Others (please elaborate) :- |
|  |  |

1. Duration of programme

|  |  |  |  |
| --- | --- | --- | --- |
|  | year(s) |  | month(s) |

1. Maximum period allowed for completion from time of enrolment

|  |  |
| --- | --- |
|  | year(s) |

1. List of courses/modules

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course/Module |  | Teaching hours |  | Study hours |
|  |  |  |  |  |
| Total: |  |  |

1. **Training requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duration of supervised training: |  | year(s) |  | month(s) |
|  |
| Session(s) per week: |  | Hours per session: |  |
|  |
| Provide full details of training requirements such as supervised training, hands on training and clinical attachment, etc. below:-  |
|  |

1. **Assessment / examination format**
	* + 1. Nature of assessment/examination

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|[ ] [ ]  mid-term examination |
|[ ] [ ]  exit examination |
|[ ] [ ]  continuous assessment |
|[ ] [ ]  peer evaluation |
|  |  | others:- |  |

(ii) Format of assessment/examination (provide full details below)

|  |
| --- |
|  |

1. **Any other information**

*Note: Should you wish to submit any information of the programme, e.g. curriculum and entry requirements, please attach those which are applicable to your actual attended years of study.*

|  |
| --- |
|  |

**10. I**  □ **wish** / □ **do not wish** to apply for registering the said qualification to my entry on the General Register.

**11. I declare that all the information provided above for this application is true and correct.**

|  |  |  |
| --- | --- | --- |
| Signature of applicant | : |  |
| Date | : |  |

**Part III (Verification by an authorized officer of the qualification conferring institution)**

|  |  |
| --- | --- |
| I have been authorized by (institution)  |  |
| to verify the information provided in this application. My position in the institution |
| is  |  | . |
|  |
| I have scrutinized the information in this application. I confirm that the same is true and accurate. |
| I also confirm that the applicant has been awarded the qualification in (year)  |  | . |

I have the following additional remarks on the application (if any) :-

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Signature | : |  |
|
| Name of authorized officer | : |  |
| Stamp of institution | : |  |
|
|
| Name of institution | : |  |
| Contact telephone no. | : |  |
| E-mail address | : |  |
| Date | : |  |

**Guidance Notes for**

**Application for Entering Qualifications**

**on the List of Registrable/Quotable Additional Qualifications**

1. It is the duty of the applicant to provide sufficient information to support the application. The Secretariat will not assist in obtaining the necessary information from either the applicant or the conferring institution.

2. The relevant information should be provided in the specified format, and cannot be substituted by simply attaching the course prospectus or other materials. It is important to ensure that the information accurately and sufficiently reflects the enrollment requirements, course contents, training requirements, and format of assessment. The Secretariat will not be involved in summarizing the information provided/attached.

3. The application will be considered on the basis of the information provided by the applicant. If there is insufficient information for the Dental Council to properly assess the qualification, the application will be rejected.

4. The applicant must obtain the conferring institution’s endorsement of the information provided in the application before submitting the application. In this connection, the applicant should forward the completed application form together with a copy of the diploma/certificate to the conferring institution for verification.

1. The application should be type-written, and separate sheets should be used where there is insufficient space. Alternatively, download a soft copy of the form from the website [www.dchk.org.hk](http://www.dchk.org.hk) for convenient spacing.
2. Reference may be made to the Guidelines for Entering Qualifications on the List of Registrable/Quotable Additional Qualifications. The Guidelines are available on the website of the Dental Council at [www.dchk.org.hk](http://www.dchk.org.hk).
3. Application must be submitted by a registered dentist of Hong Kong in possession of the qualification under application.

*The Dental Council of Hong Kong*

*November 2010*