



香港牙醫管理委員會  
THE DENTAL COUNCIL  
OF  
HONG KONG

**Application for Appointment as  
Provisional Continuing Professional Development (“CPD”) Programme Provider  
for the 2023 – 2025 CPD Cycle**

Completed application form should be sent to the Secretariat of the Dental Council of Hong Kong **from 8 July 2024 to 19 August 2024** by-

E-mail: [dchk@dh.gov.hk](mailto:dchk@dh.gov.hk)

Post: 4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Fax: 2554 0577

**Part I: Basic Information of the Organization**

<b>1. Name:</b>		
<b>2. Mailing Address:</b>  _____	<b>3. Tel. Number:</b>	
_____	<b>4. Fax. Number</b>	
<b>5. Present Members of the Governing Body:</b> <i>(Use separate sheet(s) if necessary)</i>		
<u>Name</u>	<u>Qualification</u>	<u>Post Title</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____
(7) _____	_____	_____
<b>6. Responsible Person (RP) for CPD Courses:</b>	<b>7. Phone Number of RP:</b>	
<b>8. E-mail Address of RP:</b>	<b>9. Fax Number of RP:</b>	

\*\*\*\*\*

**Part II: Other Information of the Organization**

<b>1. Missions &amp; Goals</b> (Please provide M&A, if applicable.)

**2. Record of Organized Activities**

(Please list out the activities organized in the last 2 years and submit the synopsis of each activity with information on details of activities, speakers, attendance and organizations.)

<u>Name of Activity</u>	<u>Date and Time</u>	<u>Attendance</u>	<u>Speaker(s) [Name(s) &amp; Professional Qualifications]</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. Quality Assurance Mechanism for CPD Programmes**

(State how organization ensures the quality of the CPD programmes provided.)

*\* Use separate sheet(s) if necessary*

**Please submit the following documents with this application:**

1. Copy of company/organization registration and M&A, if applicable.
2. Synopsis of activities organized in the last 2 years prior to application.

\*\*\*\*\*

**Part III: Confirmation**

I have read the Notes for Application at **Annex** and confirmed that our organization has fulfilled all the entry requirements as stated in the Notes.

**Name of RP for  
CPD Courses:**

**Signature:**

**Title or Position:**

**Date :**