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
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

| 1. Name:                                      | 2. Mailing Address: |
|                                             |                    |
|                                             |                     |

| 3. Tel. Number: | 4. Fax. Number |
|                |               |

| 5. Present Members of the Governing Body: (Use separate sheet(s) if necessary) |
| Name | Qualification | Post Title |
| (1)  |              |            |
| (2)  |              |            |
| (3)  |              |            |
| (4)  |              |            |
| (5)  |              |            |
| (6)  |              |            |
| (7)  |              |            |

| 6. Responsible Person (RP) for CPD Courses: | 7. Phone Number of RP: |
|                                            |                      |
|                                            |                      |

| 8. E-mail Address of RP: | 9. Fax Number of RP: |
|                         |                       |

Part II: Other Information of the Organization

| 1. Missions & Goals (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.)

<table>
<thead>
<tr>
<th>Name of Activity</th>
<th>Date and Time</th>
<th>Attendance</th>
<th>Speaker(s)</th>
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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.

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**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: ___________________________

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