



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 CPD Cycle 2020-2022**

Completed application form should be sent to the Secretariat of the Dental Council of Hong Kong from 1 May to 31 July 2019 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: <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)	_____	_____
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)
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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)</u> <u>[Name(s) & 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 : _____