

THE DENTAL COUNCIL OF HONG KONG

Application for Provisional Registration under Section 7D of Dentists Registration Ordinance

I apply for provisional registration under section 7D of the Dentists Registration Ordinance (“DRO”), Chapter 156, Laws of Hong Kong. Details of my personal particulars and qualification are set out below.

Personal Particulars

| | | | |
|--|--|-------------------|---|
| Full Name (Must match name in HKID/Passport) | (Family name) (Given name) in Chinese (if any) | | |
| HKID Card No. | | | |
| Passport No. (If no HKID) | | Place of Issue | |
| Date of Birth | Day Month Year | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Tel. No. | / / (country code) (area code) | | |
| Fax No. | / / (country code) (area code) | | |
| Email | | | |
| Contact Address in Hong Kong ¹ | (English) | | |
| | | | |
| | (Chinese) | | |
| | | | |

Qualification/Examination

| | | |
|---|--|------|
| <input type="checkbox"/> | I have met all the requirements for the award of a qualifying degree in dentistry. (for graduates of the Faculty of Dentistry of the University of Hong Kong (“HKU”)) | |
| <input type="checkbox"/> | I have passed the Licensing Examination conducted by the Dental Council of Hong Kong (“Dental Council”). | |
| Date of notification by the relevant authority | Month | Year |

Internship/Period of Assessment

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have been engaged to work under full-time employment as a dentist in a Schedule 6 institution for the purpose of completing an internship mentioned in section 8A of the DRO. (for graduates of the Faculty of Dentistry of HKU) |
| <input type="checkbox"/> | I have been engaged to work under full-time employment as a dentist in a Schedule 7 institution for the purpose of completing a period of assessment mentioned in section 8B of the DRO. (for applicants passing the Licensing Examination) |

Criminal Conviction / Unprofessional Conduct²

| | | | | | |
|---|----------------------------|------|--------------------------|-------------------|---|
| I | * <input type="checkbox"/> | have | <input type="checkbox"/> | have NEVER | been convicted in Hong Kong or elsewhere of an offence punishable with imprisonment. |
| I | * <input type="checkbox"/> | am | <input type="checkbox"/> | am NOT | currently the subject of any criminal proceeding(s) in Hong Kong or elsewhere. |
| I | * <input type="checkbox"/> | have | <input type="checkbox"/> | have NEVER | been found guilty of unprofessional conduct in disciplinary proceeding(s) by my dental school or other relevant authorities or official bodies in Hong Kong or elsewhere. |
| I | * <input type="checkbox"/> | am | <input type="checkbox"/> | am NOT | currently the subject of any disciplinary proceeding(s) by my dental school or other relevant authorities or official bodies in Hong Kong or elsewhere. |

Registration Status

☐ I have never been registered as a dentist in any place.

- (1) For an applicant graduating from HKU – a certificate of good character (original) (issued by the Dean or the authorized person of the Faculty of Dentistry of HKU) directly to the Registrar of Dentists.
- (2) For an applicant graduating from a non-local dental school – submit a certificate of good character (original) (issued by the dean of dental school, or the authorized person of the hospital in which you LAST received internship training).

☐ I have been registered as a dentist in the following places (please set out **ALL** registration/licensing authorities with which you have been registered):-

| Place | Registration/Licensing Authority | Period of Registration | Currently Registered (Yes/No) |
|-------|----------------------------------|------------------------|-------------------------------|
| | | to | |
| | | to | |
| | | to | |

Submit:

- (1) Certificate(s) of good standing (original) or equivalent (issued by **EACH** registration/licensing authority within 3 months before this application)
- (2) Registration certificate/license (copy) (issued by **CURRENTLY** registered authority)

Note

1. According to section 12G(1) of the DRO, a *registered dentist or a person with provisional registration must provide to the Registrar an address in Hong Kong at which he or she may be contacted.*
2. If there is any such conviction, findings of unprofessional conduct, or criminal or disciplinary proceedings, full details must be provided separately.

Statutory Declaration

WARNING

Applicant must ensure the truth and accuracy of all information provided. Making a false declaration (including failure to disclose relevant information) is an offence punishable with imprisonment under the Crimes Ordinance. Cases of false declaration will be reported to the relevant authorities for investigation and prosecution.

I _____ (Applicant's name) of _____

_____ (address)

solemnly and sincerely declare that all information and documents provided for this application are **true and accurate**.

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Ordinance.

Applicant's Signature : _____

Applicant's recent
photograph

(Administrator of oath
to sign across the
affixed photograph of
the Applicant)

(size: 40 x 60 mm to
50 x 70mm)

The above declaration was made on _____ (date) at _____ (place)

Before me (administrator of oath),

Signature: _____

Name: _____ (BLOCK letters)

* Status:

☐ Commissioner for Oaths ☐ Solicitor

☐ Barrister ☐ Notary Public

Official Stamp

* A declaration made **outside Hong Kong** must be made before a **Notary Public**.

THE DENTAL COUNCIL OF HONG KONG

Application for Provisional Registration

Character Reference (1)

I recommend _____ (Applicant's name) for provisional registration as a dentist under section 7D of the Dentists Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:

In my judgement, the Applicant is a person of good character to be registered as a dentist with provisional registration.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Dental Council of Hong Kong can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

Signature : _____

Name : _____ (BLOCK letters)

Occupation / Profession : _____

Address : _____

Telephone No. : _____

Email : _____

Date : _____

WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a dentist with provisional registration under section 7D of the Dentists Registration Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

THE DENTAL COUNCIL OF HONG KONG

Application for Provisional Registration

Character Reference (2)

I recommend _____ (Applicant's name) for provisional registration as a dentist under section 7D of the Dentists Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:

In my judgement, the Applicant is a person of good character to be registered as a dentist with provisional registration.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Dental Council of Hong Kong can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

Signature : _____

Name : _____ (BLOCK letters)

Occupation / Profession : _____

Address : _____

Telephone No. : _____

Email : _____

Date : _____

WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a dentist with provisional registration under section 7D of the Dentists Registration Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

Personal Information Collection Statement

Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for provisional registration as a dentist. The data may also be used in connection with your internship / period of assessment training and application for full registration as a dentist. It is voluntary for you to provide your personal data. However, if you do not provide sufficient information, we may not be able to process your application.

Disclosure to the Public

2. The information including your name, registration number, qualifications and date of qualifications will be published in the website of the Dental Council of Hong Kong (“Dental Council”). The main purpose of such publication is to inform the public who is provisionally registered as a dentist.

Transfer to Others

3. The personal data you provide will be used mainly by the Dental Council. They may also be disclosed to other persons, bodies or authorities for the purposes set out in paragraph 1 above or in circumstances permitted under the Personal Data (Privacy) Ordinance.

Dental Council may provide information to Secretary for Health

4. Pursuant to section 5AB of the Dentists Registration Ordinance, the Dental Council may provide any information to the Secretary for Health if the Secretary for Health requests the information for the formulation of health care policies.

Access to Personal Data

5. You have a right to request access to and correction of your personal data held by us. A fee may be charged for such access or correction. Request for access or correction should be made in writing to:-

Secretary, The Dental Council of Hong Kong
c/o Central Registration Office
17/F, Wu Chung House
213, Queen’s Road East
Wanchai, Hong Kong

Application for Provisional Registration

Guidance Note

1. Complete application form clearly and in BLOCK letters. Incomplete or illegible applications will not be processed. Insert ✓ sign in appropriate boxes. Documents submitted will not be returned.
2. Make a statutory declaration before a Commissioner for Oaths, Solicitor, Barrister in Hong Kong or a Notary Public outside Hong Kong to confirm the truth of all information provided. Declaration service is also available free of charge at the Central Registration Office.
3. Submit the following documents:
 - (a) **photocopies of**
 - (i) identity document (Hong Kong Identity Card or passport); and
 - (ii) registration certificate / license with non-local authority, if any; which must be
 - (i) certified true copies by the administrator of oath / notarized by a notary public before whom the statutory declaration is made; or
 - (ii) verified by the Central Registration Office (you must present both the originals and photocopies in person for verification).
 - (b) **originals** of the following:
 - (i) two recent photographs (size: 40 x 60mm to 50 x 70mm), one of which to be affixed to the application form;
 - (ii) references as to your character from at least 2 persons, not being your relatives, who have known you for at least 12 months and who have the opportunity of judging your character;
 - (iii) proof (i) certifying you have met all the requirements for the award of the qualifying degree to be issued by the Dean of the Faculty of Dentistry of The University of Hong Kong (“the Faculty”) to the Registrar of Dentists (“Registrar”) direct or (ii) indicating your passing of the Licensing Examination, and (ii) full-time employment for completing internship or a period of assessment in a Schedule 6 or 7 institution (to be issued by the specified institution to the Registrar direct);
 - (iv) a certificate of good character issued by the Dean or authorized person of the Faculty of Dentistry of HKU testifying that you were of good character during your dental training to the Registrar direct (applicable to graduates of the Faculty of Dentistry of HKU);
 - (v) a certificate of good character (applicable to applicants graduating from non-local dental schools);
 - (vi) certificate(s) of good standing or equivalent issued (within 3 months before the application) by EACH registration/licensing authority of a place outside Hong Kong with which you have been registered as a dentist; and
 - (c) a crossed cheque or banker’s draft for HK\$1,370* being the prescribed fee for provisional

registration, made payable to “The Government of the HKSAR” or “The Government of the Hong Kong Special Administrative Region” [**Fee subject to revision*];

4. Completed application form, together with all supporting documents and the prescribed fee, should be submitted by in person or by post to-

Registrar of Dentists
c/o Central Registration Office
17/F, Wu Chung House
213, Queen’s Road East
Wanchai, Hong Kong

5. Enquiries should be directed to the Central Registration Office at 2116 3016.