

THE DENTAL COUNCIL OF HONG KONG

**Application for Inclusion of Qualifications
in the List of Registrable/Quotable Additional Qualifications**

[Please read the attached Guidance Note before completing this form.]

Part I Personal Data

(To be completed by applicant)

Name of Applicant	:	
Registration No.	:	
Contact Address in Hong Kong	:	
Telephone No.	:	
Fax No.	:	
E-mail Address	:	
Registered Qualification(s)	:	

Part II Details of Qualification

(To be completed by applicant)

1. Official Title of the Qualification

English Title	:	
Chinese Title (if any)	:	
Abbreviation	:	
Conferring Institution	:	
Faculty/Department of the Conferring Institution	:	
Date of Conferment	:	

2. Means of Acquisition of the Qualification

- ☐ The qualification is conferred after an examination by the conferring institution or other objective and clearly defined mode of assessment by the conferring institution.
- ☐ The qualification is conferred (i) upon completion of study/training and (ii) after an examination by the conferring institution or other objective and clearly defined mode of assessment by the conferring institution.
- ☐ Others *(please specify)*: _____

3. Other Information on Acquisition of the Qualification (if applicable)

(You may tick more than one box.)

- ☐ The qualification is at postgraduate level, with research component, and is of direct relevance to dentistry.
- ☐ The qualification is conferred on the basis of distinguished professional achievement in dentistry by a conferring institution of a standard acceptable to the Council (i.e. honorary qualification).
- ☐ The qualification is conferred involving credit transfer and/or partial exemption from the programme leading to the award of the relevant qualification. *(Please provide details in a separate sheet.)*
- ☐ The qualification is conferred after passing a conjoint fellowship/membership examination co-organised by reputable conferring institutions.
- ☐ Others *(please specify)*: _____

4. Details of Assessment/Examination of the Qualification

(i) Nature of Assessment/Examination

(You may tick more than one box if applicable.)

- ☐ Mid-term Examination
- ☐ Exit Examination
- ☐ Continuous Assessment
- ☐ Peer Evaluation
- ☐ Others *(please specify)*: _____

(ii) Format of Assessment/Examination

5. Pre-requisites for Enrolment to the Programme

- ☐ Bachelor of Dental Surgery or equivalent
- ☐ Non-dental bachelor degree
- ☐ Non-degree qualification, i.e. _____
- ☐ Other requirements (*please specify*): _____

6. Enrolment Open To

(*You may tick more than one box if applicable.*)

- ☐ Dental practitioners
- ☐ Other healthcare professionals (*please specify*): _____
- ☐ Non-dental personnel

7. Other Details of the Programme

(i) Level of the Qualification

- ☐ Undergraduate
- ☐ Certificate
- ☐ Postgraduate Diploma
- ☐ Master
- ☐ Membership
- ☐ Fellowship
- ☐ Doctorate
- ☐ Others (*please specify*): _____

(ii) Specialty/Area of the Qualification

(iii) Mode of Attendance

- ☐ Full-time (No. of credits: _____) (10 notional learning hours equal to 1 credit)
- ☐ Part-time
- ☐ Web-based Distance Learning
- ☐ Non-Web-based Distance Learning
- ☐ Others (*please specify*) : _____

(iv) Duration of Programme

_____ Year(s) _____ Month(s)

(v) Maximum Period Allowed for Completion from Time of Enrolment

_____ Year(s)

(vi) List of Courses/Modules

<u>Course/Module</u>	<u>Teaching Hours</u>	<u>Study Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:	_____	_____

8. Training Requirements

(i) Duration and Frequency of Training

Duration of Supervised Training: _____ Year(s) _____ Month(s)

No. of Session(s) Per Week: _____ No. of Hours Per Session: _____

- (ii) Details of the Training Requirements (e.g. supervised training, hands on training and clinical attachment etc.)

9. Other Information

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

Part III Registration of the Qualification in the Entry on General Register

(To be completed by applicant)

Subject to the approval of the Dental Council of Hong Kong (“the Council”),

- ☐ I **wish** to register the qualification in my entry on the General Register (“GR”).
☐ I **do not wish** to register the qualification in my entry on the GR.

Part IV Confirmation

(To be completed by applicant)

I confirm that –

- (i) I have read and understand the latest Guidelines for Inclusion of Qualifications in the List of Registrable/Quotable Additional Qualifications (“the Guidelines”) issued by the Council;
- (ii) the qualification under application meets the criteria for inclusion in the List as set out in the latest Guidelines issued by the Council;

- (iii) all the information and documents (if any) provided in this application are true and correct;
and
- (iv) I have forwarded this completed application form together with a copy of the diploma/
certificate of the qualification under application to the conferring institution for verification
and confirmation at Part V of the application form.

Signature of Applicant : _____
Name of Applicant : _____
Date : _____

Part V Verification by the Conferring Institution

(To be completed by an authorised officer of the conferring institution of the qualification)

I have been authorised by _____
(Name of the Conferring Institution)

to verify the information provided in this application.

My position in the above institution is _____ .
(Position of the Authorised Person)

I have scrutinised the information in this application. I confirm that the same is true and accurate.

I also confirm that the applicant has been conferred the qualification in _____ .
(Year)

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

Signature

:

Name of Authorised Officer

:

Stamp of Institution

:

Name of Institution

:

Contact Telephone No.

:

E-mail Address

:

Date

:

Personal Information Collection Statement

Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for inclusion of the qualification in the List of Registrable/Quotable Additional Qualifications and registration of the relevant qualification in the entry on the General Register. 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. In accordance with section 13 of the Dentists Registration Ordinance (“DRO”), the General Register is published twice every year in the Gazette a list of the name, practice address, qualification and date of qualifications and other particulars that the Registrar of Dentists considers appropriate, of every person who is a person with full registration, a person with limited registration or a person with special registration. The main purpose of such publication is to inform the public who is, or is not, registered as a dentist, and who is entitled to practise dentistry.

3. The information published in the Gazette will also be published in the website of the Dental Council of Hong Kong (“Dental Council”).

Transfer to Others

4. 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

5. Pursuant to section 5AB of the DRO, 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

6. 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:-

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

6. Enquiries should be addressed to the Central Registration Office at 2961 8655 or 2961 8756.

Application for Inclusion of Qualifications in the List of Registrable/Quotable Additional Qualifications

Guidance Note

1. Applicant must read the latest Guidelines for Inclusion of Qualifications in the List of Registrable/Quotable Additional Qualifications (“the Guidelines”) before submitting the application. The latest Guidelines are available on the website of the Dental Council of Hong Kong (“the Council”) at www.dchk.org.hk.
2. The application must be submitted by a registered dentist of Hong Kong in possession of the qualification under application.
3. The application form should be type-written, and separate sheets should be used where there is insufficient space. Soft copy of the form is available on the website of the Council at www.dchk.org.hk.
4. 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.
5. 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 examination/assessment. The Secretariat will not be involved in summarising the information provided/attached.
6. The application will be considered on the basis of the information provided by the applicant. If there is insufficient information for the Council to properly assess the qualification, the application will be rejected.
7. Applicant should forward the completed application form together with a copy of the diploma/certificate to the conferring institution for verification and confirmation at Part V of the application form.
8. A certified true copy of the diploma/certificate of the relevant qualification (meeting the criteria set out in paragraph 9 below) should be submitted together with the completed application form.
9. For application to be submitted **in person**, the original of the diploma/certificate and its copy should be submitted to the Central Registration Office for the purpose of certification. For application to be submitted **by post**, a copy of the diploma/certificate certified true by another registered dentist in Hong Kong by signing and writing of “Certified True Copy” with his/her full name and registration number should be submitted to the Central Registration Office.

10. The completed application form together with all the required documents should be submitted in person or by post to:

Secretary, The Dental Council of Hong Kong
c/o The Dental Council Secretariat
4/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

11. For enquiries on the Guidelines, applicant may approach the Council Secretariat on 2873 5862 or email (dchk@dh.gov.hk).
12. Subject to the decision of the Council, the Secretariat will inform the applicant about the result of the application.