

THE DENTAL COUNCIL OF HONG KONG

Application for Registration as a Registered Dental Care Professional under Section 15D of the Dentists Registration Ordinance

I apply for registration as a registered dental care professional under section 15D of the Dentists Registration Ordinance, Chapter 156, Laws of Hong Kong and to have my name included in the Register of Dental Care Professionals for the following class:

Dental Hygienist

<p style="margin: 0;">Number on Roll</p> <p style="margin: 0; font-size: small;">(for individuals whose names are recorded on the roll maintained under the regulation 4(2) of the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B))</p>	
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Details of my personal particulars and qualification in dental care are as follows:

Personal Particulars

Full Name <small>(Must match name in HKID / Passport)</small>	<small>(Family name) (Given name) in Chinese (if any)</small>		
HKID Card No.			
Passport No. <small>(If no HKID)</small>		Place of Issue	
Date of Birth	<small>Day Month Year</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Tel. No.	<small>(country code) / (area code) /</small>		
Fax No.	<small>(country code) / (area code) /</small>		
Email			
Contact Address in Hong Kong ¹	(English)		
	(Chinese)		
Practice Address <small>(Please provide one of your practice address(es) in support of application for practising certificate)</small>	(English)		
	(Chinese)		

Qualification in Dental Care (not required for individuals whose names are recorded on the roll maintained under regulation 4(2) of the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B))

Qualification	
Date of Conferment / Date of notification by the relevant authority	

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 in Hong Kong or elsewhere of unprofessional conduct.
I	<input type="checkbox"/> am	<input type="checkbox"/> am NOT	currently the subject of any disciplinary proceeding(s) in Hong Kong or elsewhere.

Registration Status

- I have never been registered as a registered dental hygienist in any place.
- I have been registered as a registered dental hygienist with the following registration/licensing authorities (please set out **ALL** authorities with which you have been registered):

Place	Registration/Licensing Authority	Period of Registration
		to
		to
		to

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

Important Note: Locally enrolled dental hygienists are not required to submit the “Certificate of Standing” and the “Certificate of Admission to the Roll” issued by the Dental Council of Hong Kong. If you have been registered as a registered dental hygienist in place(s) outside Hong Kong, you are required to submit the “Certificate of Standing” and/or “Registration certificate/licence” issued by non-local authority.

Note

1. According to section 15I of the Dentists Registration Ordinance, “(1) *A registered dental care professional 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**.

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Evidence of Applicant's Identity

(To be completed by the administrator of oath before whom the statutory declaration is made)

I give this certificate for the purpose of the application of _____ (Applicant's name) for registration as a registered dental care professional under section 15D of the Dentists Registration Ordinance, Chapter 156, Laws of Hong Kong.

I certify that I have **personally** checked the personal particulars and photograph (across which I have put my signature) provided in the application form. I am satisfied that they are the same as shown in the Applicant's:

- Hong Kong Identity Card number _____.
- passport number _____ issued by _____ (place).

Signature : _____

Name : _____

Status : Commissioner for Oaths Solicitor
 Barrister Notary Public

Address : _____

Tel. No. : _____

Email : _____

Date : _____

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Application for Registration as a Registered Dental Care Professional

Character Reference (1)

I recommend _____ (Applicant's name) for registration as a registered dental care professional under section 15D 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 registered dental care professional.

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 registered dental care professional under section 15D 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**.

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Application for Registration as a Registered Dental Care Professional

Character Reference (2)

I recommend _____ (Applicant's name) for registration as a registered dental care professional under section 15D 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 registered dental care professional.

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 registered dental care professional under section 15D 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 registration as a registered dental care professional and application for practising certificate. 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 15J of the Dentists Registration Ordinance (“DRO”), the Register of Dental Care Professionals is published twice every year in the Gazette a list of the name, and other particulars that the Registrar of Dentists considers appropriate, of every person who is a registered dental care professional. The main purpose of such publication is to inform the public who is, or is not, a registered dental care professional.

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:

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 Registration as a Registered Dental Care Professional

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 or 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:
 - (a) **photocopies of**
 - (i) identity document (Hong Kong Identity Card or passport);
 - (ii) registration certificate / licence with non-local authority, if any;
 - (iii) qualification certificate[#]; and
 - (iv) transcript of record of study[#]

which must be

- (i) certified true copies by the administrator of oath before whom the statutory declaration is made; or
 - (ii) verified by the Central Registration Office (you must present both the originals and the photocopies in person for verification);
- (b) **originals** of the following:
 - (i) 4 recent photographs (size: 40 x 60mm to 50 x 70mm), one of which to be affixed to application form;
 - (ii) evidence of identity;
 - (iii) references as to your character from 2 persons, not being your relatives, who have known you for at least 12 months and who have the opportunity of judging your character;
 - (iv) proof certifying you have met all the requirements for the award of qualifications of the training programme in dental hygiene recognized by the Dental Council, issued by the relevant authority to the Registrar of Dentists (“Registrar”) direct (this proof is not required if you have provided the qualification certificate mentioned above)[#];
 - (v) a certificate of good character (issued by the authorized person of the training institution) testifying that you were of good character during your training in dental hygiene to the Registrar direct (applicable to graduates of the local schools)[#];
 - (vi) a certificate of good character (issued by the authorized person of the training institution) testifying that you were of good character during your training in dental hygiene (applicable to applicants graduating from non-local schools)[#];
 - (vii) certificate(s) of standing or equivalent issued (within 3 months before the date of application) by **EACH** registration/licensing authority of a place outside Hong Kong with which you are registered as a registered dental hygienist (if any); and

[#] not required for individuals whose names are recorded on the roll maintained under regulation 4(2) of the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B)

(c) a crossed cheque or banker's draft for HK\$3,425* made payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". (HK\$2,680* being prescribed fee for registration and HK\$745* being fee for a practising certificate) [**Fees subject to revision*]

4. If you are interested in using the autopay facility for future payment of fee for the annual practising certificate, you may contact the Central Registration Office for Autopay Authorization Form.
5. Completed application form, together with all supporting documents and the prescribed fees, should be submitted 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

6. Enquiries should be directed to the Central Registration Office at 2116 2758.