

THE DENTAL COUNCIL OF HONG KONG

Application for Restoration to the Register of Dental Care Professionals under Section 27A of the Dentists Registration Ordinance

My name was removed from the following class of the Register of Dental Care Professionals:

Dental Hygienist on _____(Date).

I apply to the Dental Council of Hong Kong under section 27A of the Dentists Registration Ordinance, Cap. 156, Laws of Hong Kong for the restoration of my name to the original part of the Register of Dental Care Professionals with the issue of a practising certificate for the following class:

Dental Hygienist

Details of my personal particulars 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	
Registration Number (Before removal)			
Tel. No.	/ / (country code) (area code)		
Fax No.	/ / (country code) (area code)		
Email			
Contact Address in Hong Kong ¹	(English)		

	(Chinese)
Practice Address (Please provide one of your practice address(es) in support of application for practising certificate)	(English)
	(Chinese)

Criminal Conviction / Unprofessional Conduct²

I	☐ have	☐ have NEVER	been convicted in Hong Kong or elsewhere of an offence punishable with imprisonment.
I	☐ am	☐ am NOT	currently the subject of any criminal proceeding(s) in Hong Kong or elsewhere.
I	☐ have	☐ have NEVER	been found guilty in Hong Kong or elsewhere of unprofessional conduct.
I	☐ am	☐ am NOT	currently the subject of any disciplinary proceeding(s) in Hong Kong or elsewhere.

Registration Status in Place(s) Outside Hong Kong

I confirm that since my name was removed from the Register of Dental Care Professionals -

- ☐ I have **NOT** been registered as a registered dental hygienist in place(s) outside Hong Kong.
- ☐ I have been registered³ as a registered dental hygienist in place(s) outside Hong Kong with details as follows:

Place	Registration / Licensing Authority	Period of Registration
		to
		to

Submit: Certificate(s) of standing (original) or equivalent (issued by **EACH** registration / licensing authority within 3 months before this application)

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.
3. If you have been registered as a dental hygienist in place(s) outside Hong Kong since your name was removed from the register of dental care professionals, please submit certificate(s) of standing (original) issued by EACH registration / licensing authority which you have been registered.

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 : _____

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

Address: _____

Tel. No.: _____ Email: _____

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



Personal Information Collection Statement

Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for restoration of your name to the Register of Dental Care Professionals 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 Restoration to the Register of Dental Care Professionals

Guidance Note

1. Complete application form clearly and in BLOCK letters. Incomplete or illegible applications will not be processed. Please tick in appropriate box(es). 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) Original of certificate of standing issued (within 3 months before the application) by **EACH** registration / licensing authority which you have been registered as a registered dental hygienist since your name was removed from the Register of Dental Care Professionals; **[Only required for persons who have been registered in place(s) outside Hong Kong since your name was removed from the Register of Dental Care Professionals]**
 - (b) one recent photograph (size: 40 x 60mm to 50 x 70mm);
 - (c) photocopy of your identity document (Hong Kong Identity Card or passport) 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 photocopy in person for verification); and
 - (d) a crossed cheque or banker's draft for HK\$4,315* made payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". (HK\$3,570* being the prescribed fee for restoration 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, please 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:

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

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