申請應考香港牙醫管理委員會
2026年度許可試(第二次考試)
(第一部分:筆試)
APPLICATION TO SIT THE LICENSING EXAMINATION
2026 (SECOND SITTING) OF THE DENTAL COUNCIL OF HONG KONG
(Part I : Written Test)

表格 2 (舊生 / 重考生適用)
Form 2 (for old / re-sit candidates)

近照 Recent Photo

I. 個人資料 PERSONAL PARTICULARS

稱謂: ☐ 先生 Mr ☐ 小姐 Miss ☐ 女士 Ms ☐ 太太 Mrs
Title:

姓名
Name: _____ (_____)
姓(英文) Surname in English | 名(英文) Given name(s) in English | 中文姓名(如有) Name in Chinese (if applicable)

☐ 香港身份證號碼: _____ 或 or ☐ 護照號碼: _____
HKID Card No.: Passport No.:

或 or ☐ 往來港澳通行證號碼: _____
Exit/Entry Permit for Travelling to and from Hong Kong and Macau No.:

本人現按照香港法例第156章《牙醫註冊條例》第7B條申請參加牙醫管理委員會舉辦的許可試。
I apply to sit the Licensing Examination of the Dental Council of Hong Kong in accordance with section 7B of the Dentists Registration Ordinance, Cap. 156, Laws of Hong Kong.

住址:
Residential Address: _____

_____

通訊地址:
Correspondence Address: _____
(如與住址不同)
(if different from residential address) _____

電話號碼: _____ 傳真號碼: _____
Tel. No.: Fax No.:

電郵:
E-mail: _____

注意: ☐ 請在適當方格內填上「✓」號
Note: ☐ Please tick as appropriate

II. 牙醫註冊及執業
DENTAL REGISTRATION AND PRACTICE

(i) ☐ 本人**從沒有**在任何地方的牙醫管理委員會／管理局註冊及執業。
I have **never** been registered with any dental council/board in any place for practising dentistry.

(ii) ☐ 本人**現在／曾經**在下列地方註冊為牙醫 (列出**所有**曾經註冊為牙醫的地方) –
I **am / had been** registered in the following places (set out ALL places in which you have been registered) –

- 國家／地區
  Country/Place : _____
  註冊／發牌當局
  Registration/Licensing Authority : _____
  註冊期間
  Period of Registration : _____ 至 to _____
  現時仍註冊
  Currently Registered : ☐ 是 Yes ☐ 否 No

- 國家／地區
  Country/Place : _____
  註冊／發牌當局
  Registration/Licensing Authority : _____
  註冊期間
  Period of Registration : _____ 至 to _____
  現時仍註冊
  Currently Registered : ☐ 是 Yes ☐ 否 No

- 國家／地區
  Country/Place : _____
  註冊／發牌當局
  Registration/Licensing Authority : _____
  註冊期間
  Period of Registration : _____ 至 to _____
  現時仍註冊
  Currently Registered : ☐ 是 Yes ☐ 否 No

- 國家／地區
  Country/Place : _____
  註冊／發牌當局
  Registration/Licensing Authority : _____
  註冊期間
  Period of Registration : _____ 至 to _____
  現時仍註冊
  Currently Registered : ☐ 是 Yes ☐ 否 No

- 國家／地區
  Country/Place : _____
  註冊／發牌當局
  Registration/Licensing Authority : _____
  註冊期間
  Period of Registration : _____ 至 to _____
  現時仍註冊
  Currently Registered : ☐ 是 Yes ☐ 否 No

III. 品格
CHARACTER

(a) 犯罪紀錄／ 專業失當行為
Conviction / Professional Misconduct

(i) 本人☐曾經／☐從來沒有在香港或其他地方，被裁定犯可判處監禁的罪行(如曾被定罪，請提供詳細資料)。

I ☐ **have** / ☐ **have never** been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment (please provide details if having been convicted before).

(ii) 本人☐曾經／☐從來沒有在香港或其他地方，被裁定犯不專業行為；

I ☐ **have** / ☐ **have never** been found guilty in Hong Kong or elsewhere of unprofessional conduct.

(iii) 本人現時☐有／☐沒有在香港或其他地方的刑事法律程序或紀律處分程序中被起訴。(在適用的情況下，請提供有關詳情)

I currently ☐ **am** / ☐ **am not** subject to any criminal or disciplinary proceedings in Hong Kong or elsewhere. (please provide details as appropriate).

IV. 聲明
DECLARATION

本人
I _____
姓(英文) Surname in English　　名(英文) Given name(s) in English

持有 holder of ☐ 香港身份證號碼: HKID Card No.: _____ 或 or ☐ 護照號碼: Passport No.: _____

或 or ☐ 往來港澳通行證號碼: Exit/Entry Permit for Travelling to and from Hong Kong and Macau No.: _____

聲明在此申請所提供之所有資料及文件，均屬**真實**及**正確**。
declare that all information and documents provided for this application are **true** and **accurate**.

考生簽署:
Applicant's Signature : _____

****

上述聲明於 Declared on _____ (日期 Date) 在 at _____

在本人面前提出。
Before me.

簽署:
Signature : _____
姓名:
Name : _____

☐ 律師 Solicitor　☐ 公證人 Notary Public
身份: Position :
☐ 監誓員 Commissioner for Oaths　☐ 太平紳士 Justice of the Peace

地址:
Address : _____

電話號碼:
Tel. No.: _____　電郵:
Email : _____

注意: ☐ 請在適當方格內填上「✓」號
Note: ☐ Please tick as appropriate

呈交文件核對清單
Checklist of Supporting Documents

1. 適用於從沒有在任何地方的牙醫管理委員會／管理局註冊
For applicant who has never been registered with any dental board/council

☐ 由所畢業牙科醫學院校長或授權人所發出的良好品格證明書的正本以證明你在接受牙科訓練時的良好品格。
original of documentary evidence testifying that you were of good character during your dental training – a certificate of good character issued by the Dean or authorized person of your dental school.

2. 適用於現時為註冊牙醫
For applicant who is currently a registered dentist

☐ 由有關的牙醫管理委員會或管理局發出的文件的正本或經公證人核證的副本，以證明你現時的牙醫執業資格。
original or notarized copy of documentary evidence of your current eligibility to practise dentistry, granted by the dental council/board with which you are currently registered.

☐ 由**每個**曾經註冊的牙醫管理委員會或管理局[註]發出的「良好聲譽證明書」的正本。該「良好聲譽證明書」須由**相應的牙醫管理委員會或管理局**直接以郵寄或電子郵件方式發送予香港牙醫管理委員會。(任何由僱主發出或發出日期超過三個月的證明書將被視作無效)。
original of documentary evidence testifying that you are of good character – a certificate of good standing issued by **each** dental council/board [Note] of which you are / had been registered with, to be sent directly by post or email **from the respective dental council/board** to the Dental Council of Hong Kong. (any certificate issued by the employing institutions or dated more than 3 months will be counted invalid).

3. 適用於現時並非為註冊牙醫但過去曾在其他牙醫管理委員會或管理局註冊
For applicant who is not a registered dentist and had been registered with any dental board/council before

☐ 由每個曾經註冊的牙醫管理委員會或管理局[註]發出的「良好聲譽證明書」的正本。該「良好聲譽證明書」須由**相應的牙醫管理委員會或管理局**直接以郵寄或電子郵件方式發送予香港牙醫管理委員會。(任何由僱主發出或發出日期超過三個月的證明書將被視作無效)。
original of documentary evidence testifying that you were of good character during the period you were registered – a certificate of good standing issued by **each** dental council/board [Note] of which you had been registered with, to be sent directly by post or email **from the respective dental council/board** to the Dental Council of Hong Kong. (any certificate issued by the employing institutions or dated more than 3 months will be counted invalid).).

申請人必須注意，牙管會不接受電子簽名。僅附有手寫簽名之文件方會被視為正本。
Applicants must note that electronic signatures will not be accepted. Only wet-ink signatures are considered originals.

申請人須**郵寄或親身**將上述申請表格及證明文件呈交香港牙醫管理委員會秘書處。
Applicant should submit his/her application form and supporting documents to the Secretariat of the Dental Council of Hong Kong **by post or in person**.

地址：
香港黃竹坑道 99 號
香港醫學專科學院賽馬會大樓 4 樓
香港牙醫管理委員會秘書

Address:
Secretary, Dental Council of Hong Kong
4/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Hong Kong

註 : 由僱用機構 / 牙科診所 / 牙科醫院發出的證明書將不予受理。
Note: Certificates issued by the employing institutions / dental clinics / dental hospitals will not be accepted.

注意: ☐請在適當方格內填上「✓」號
Note: ☐Please tick as appropriate

用途聲明

收集資料的目的

1. 個人向香港牙醫管理委員會提供個人資料，是用作申請報考香港牙醫管理委員會舉辦的許可試。個人資料的提供，出於自願。可是，如果你不提供充份資料，我們可能無法處理你的申請。

接受轉介人的類別

2. 你所提供的個人資料，主要由香港牙醫管理委員會內部使用，但亦可能因以上第一段所列目的，向其他政府政策局／部門、中介機構或行政管理機構披露。你的個人資料祇會在你同意，又或是《個人資料 （私隱）條例》所容許下，才會向其他人士披露。

查閱個人資料

3. 根據《個人資料（私隱）條例》第18條及22條以及附表1第6原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第1段所述的情況所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。

查詢

4. 有關所提供個人資料（包括查閱及修正該等資料）的查詢，應送交：

香港黃竹坑道99號
香港醫學專科學院賽馬會大樓4樓
香港牙醫管理委員會秘書
電話：(852) 2873 5862
傳真：(852) 2554 0577

Statement of Purposes

Purpose of Collection

1. The personal data are provided by individual to the Dental Council of Hong Kong for the purpose of application to sit the Licensing Examination. The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to process your application to sit the Licensing Examination.

Classes of Transferees

2. The personal data you provide are mainly for use within the Dental Council of Hong Kong but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Such data will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to :

Secretary, Dental Council of Hong Kong
4/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Hong Kong
Tel No.: (852) 2873 5862
Fax No.: (852) 2554 0577