



香港牙醫管理委員會
The Dental Council of Hong Kong

**Guidelines for Inclusion of Qualifications
in the List of Registrable/Quotable Additional Qualifications
(with effect from 1 July 2024)**

1. The Dental Council of Hong Kong (“the Council”) maintains a List of Registrable/Quotable Additional Qualifications (“the List”) recording the qualifications attained by dentists which may be quoted or registered in their entries on the General Register (“GR”). The List serves the following purposes –
 - (a) to give recognition to further training which significantly enhances the professional competence of a dentist; and
 - (b) to facilitate the public to make an informed choice of dentists, by providing information on additional dental training of significance received by a dentist.

Criteria for Inclusion of Additional Qualifications in the List

2. The Education and Accreditation Committee (“EAC”) of the Council makes recommendation to the Council on the acceptability of the qualifications under application for inclusion in the List. The List is subject to review by the Council from time to time.
3. Before approving to include a qualification in the List, the Council must be satisfied that the qualification under application could reflect an achievement of genuine advancement in expertise and quantum leap in knowledge relevant to the practice of dentistry. The following factors will be taken into consideration –

(A) Acquisition of Qualifications

4. Qualifications approved for inclusion in the List must be acquired after the basic qualification (i.e. the qualification by virtue of which a person is qualified for registration as a dentist) through either of the following means –

(a) Qualifications Conferred after an Examination or Other Objective Assessment

- the qualification is conferred after an examination by the conferring institution or other objective and clearly defined mode of assessment by the conferring institution; and
- the standard of the examination or the assessment should be acceptable to the Council.

OR

(b) Qualifications Conferred upon Completion of Study/Training and after an Examination or other Objective Assessment

- the duration of study or training for the qualification is not less than one academic year full-time, i.e. 96 credits (10 notional learning hours equal to 1 credit) or its part-time or distance learning equivalent as determined by the EAC; and
- 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 standard of the examination or the assessment should be acceptable to the Council.

Qualifications acquired **not** through either of the means as set out in paragraph 4(a) and 4(b) above such as intercollegiate recognition of qualifications without (i) examination by the conferring institution or (ii) study/training and examination by the conferring institution, are **not** eligible for inclusion in the List.

(B) *Standard of Qualifications*

5. Subject to contrary provisions in these guidelines, the following requirements **must be fulfilled** before a qualification can be approved for inclusion in the List -
- (a) the academic standard of the conferring institution is acceptable to the Council (i.e. comparable to that of the Faculty of Dentistry of the University of Hong Kong or the College of Dental Surgeons of Hong Kong (“CDSHK”)) and the conferring institution should have a good international standard;
 - (b) the academic standard of the qualification is acceptable to the Council (i.e. comparable to the standard of the Membership of General Dentistry of the CDSHK for non-specialist training or the specialist training standard of the CDSHK with structured assessment and/or well formatted examination). The qualification should either (i) be recognised by the authorities for specialist accreditation in the place of origin or (ii) be allowed for quoting or displaying in the place of origin;
 - (c) the qualification is of direct relevance to dentistry; and
 - (d) the qualification reflects acquisition of additional dental knowledge and skills at post-registration level (i.e. above the level of the basic qualification by virtue of which a person is qualified for registration as a dentist).

Consideration for Inclusion of Additional Qualifications in the List on an Individual Basis

6. The following types of qualifications may be considered for inclusion in the List on an individual basis –
 - (a) qualifications at postgraduate level, with a research component, and is of direct relevance to dentistry;
 - (b) honorary qualifications conferred on the basis of distinguished professional achievement in dentistry by a conferring institution of a standard acceptable to the Council;
 - (c) qualifications conferred involving credit transfer and/or partial exemption from the programme leading to the award of the relevant qualifications; or
 - (d) qualifications conferred after passing a conjoint fellowship/membership examination co-organised by reputable conferring institutions.

Application for Inclusion of Qualifications in the List

7. Application for inclusion of qualifications in the List should be submitted to the Council for consideration by completing the application form (**Appendix A**). Subject to the approval of the Council, the qualification may be included in the List. If considered appropriate, qualifications may be approved to be registered in the entries of the relevant dentists on the GR only, but not be included in the List.

Quoting the Qualifications in the List in the Dissemination of Service Information to the Public

8. Dentists who would like to quote the qualifications in the List in the dissemination of his/her service information to the public should refer to **Appendix B**.
9. Before quoting the qualification in the List in the dissemination of his/her service information to the public, dentists should ensure that the acquisition and standard of that qualification meet the criteria as set out in paragraphs 4 and 5 above.

Application for Registration of Qualifications in the List in the Entries on the GR

10. Dentists who would like to apply for registration of qualifications in the List in their entries on the GR should refer to **Appendix B**.
11. Dentists should ensure that the acquisition and standard of that qualification meet the criteria as set out in paragraphs 4 and 5 above.

Special Arrangements

12. These guidelines supersede the “Guidelines for Inclusion of Qualifications in the List of Registrable/Quotable Additional Qualifications” issued in November 2010. Special arrangements are made for the following two types of qualifications.

(i) Qualifications Removed from the List with effect from 1 July 2024

13. A certain number of qualifications have been removed from the List with effect from 1 July 2024. A list of the removed qualifications is set out at **Appendix C**.
14. Dentists who have been conferred those removed qualifications as set out at **Appendix C before 1 July 2024** are still eligible for applying for registering such qualifications in their entries on the GR by submission of the completed application form (**Appendix D**). Upon approval of the Council for registration of such qualifications in their entries on the GR, they may quote the qualifications in the dissemination of their service information to the public in accordance with section 1.3 of the Code of Professional Discipline issued by the Council. However, they must quote them according to the title and abbreviation of the respective qualification as specified in **Appendix C**. Dentists should **not** quote those removed qualifications in the dissemination of their service information to the public if such qualifications are not registered in their entries on the GR.

(ii) Qualifications Marked with “*” in the List

15. A certain number of qualifications have been marked with “*” in the List with effect from 1 July 2024. A list of such qualifications is at **Appendix E**.
16. All holders of those qualifications marked with “*” in the List are eligible for quoting or applying for registering such qualifications in their entries on the GR if such qualifications are acquired through either of the means as set out in paragraph 4(a) and 4(b) above.
17. For dentists (i) holding a qualification marked with “*” in the List but that qualification is not acquired through either of the means as set out in paragraph 4(a) and 4(b) above and (ii) have been conferred that qualification **before 1 July 2024**,
- they are still eligible for applying for registering that qualification in their entries on the GR by submission of the completed application form (**Appendix D**). Upon approval of the Council for registration of that qualification in their entries on the GR, they may quote that qualification in the dissemination of their service information to the public in accordance with section 1.3 of the Code of Professional Discipline issued by the Council.
 - they should **not** quote that qualification in the dissemination of their service information to the public if that qualification has **not been registered** in their entries on the GR.

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.

**Quoting and Registration of Additional Qualifications
in the List of Registrable/Quotable Additional Qualifications**

1. A dentist who has obtained an additional qualification may –
 - (i) quote that qualification in the dissemination of his/her service information to the public (see 2(a)(i) and 2(b) below); and/or
 - (ii) apply for registering that qualification in his/her entry on the General Register (“GR”) (see 2(a)(ii) below).
2. He/she should check whether such qualification is already in the List of Registrable/Quotable Additional Qualifications (“the List”) or not -
 - (a) If the qualification is **in the List**, the dentist may –
 - (i) quote that qualification in the dissemination of his/her service information to the public in accordance with section 1.3 of the Code of Professional Discipline issued by the Dental Council of Hong Kong (“the Council”). Before quoting that qualification in the dissemination of his/her service information to the public, the dentist should ensure that the acquisition and standard of that qualification meet the criteria as set out in paragraphs 4 and 5 of the latest Guidelines for Inclusion of Qualifications in the List of Registrable/Quotable Additional Qualifications (“the Guidelines”) issued by the Council. In quoting that qualification, the dentist is not required to apply to the Council but he/she must quote that qualification according to the title and abbreviation of that qualification as specified in the List; and/or
 - (ii) apply for registering that qualification in his/her entry on the GR under Regulation 10 of the Dentists (Registration and Disciplinary Procedure) Regulations by completing the application form (**Annex to Appendix B**). The dentist should ensure that the acquisition and standard of that qualification meet the criteria as set out in paragraphs 4 and 5 of the latest Guidelines.

(Note:

The requirements on acquisition of qualifications as set out in paragraph 4 of the Guidelines are not applicable to the quoting and registering of the qualification of Fellow of the Hong Kong Academy of Medicine (Dental Surgery) from the List. All dentists holding this qualification may quote the qualification in dissemination of their service information to the public or apply for registering the qualification in their entries on the GR.)

or

- (b) If the qualification is **not in the List**, the dentist shall not quote that qualification in the dissemination of his/her service information to the public. The dentist may apply to the Council for including that qualification in the List and in his/her entry on the GR according to the latest Guidelines using the application form at **Appendix A**. If considered appropriate, that qualification may be approved to be registered in the entry of the relevant dentist on the GR only, but not be included in the List. It is only when the application is approved by the Council for inclusion of that qualification in the List or in the entry of the relevant dentist on the GR, then the dentist may quote that qualification in the dissemination of his/her service information to the public in accordance with what is stated in paragraph 2(a)(i) above.

THE DENTAL COUNCIL OF HONG KONG

**Application for Registration of Additional Qualifications
in the Entry on the General Register**

[For Qualifications Already in the List of Registrable/Quotable Additional Qualifications (“the List”)]

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 the Qualification

(To be completed by applicant)

1. Official Title of the Qualification

Jurisdiction and Entry No. : (Jurisdiction) _____
of the Qualification in the List* (Entry No.) _____
English Title : _____
Chinese Title (if any) : _____
Abbreviation : _____
Conferring Institution : _____
Date of Conferment : _____

** Please refer to the latest List issued by the Dental Council of Hong Kong (“the Council”).*

2. Means of Acquisition of the Qualification

(Note: Dentists applying for registration of “Fellow of the Hong Kong Academy of Medicine (Dental Surgery)” in their entries on the General Register are **not** required to complete Part II(2) below.)

- ☐ 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): _____

Part III 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 requirements as set out in the latest Guidelines issued by the Council; and
- (iii) all the information and documents (if any) provided in this application are true and correct.

Signature of Applicant : _____
Name of Applicant : _____
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 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

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

Application for Registration of Additional Qualifications in the Entry on the General Register

[For Qualifications Already 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. 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 submit the completed application form together with the following documents –
 - (a) a certified true copy of the diploma/certificate of the relevant qualification (meeting the criteria set out in paragraph 8 below); and
 - (b) a crossed cheque or banker’s draft for HK\$1,380* made payable to “The Government of the HKSAR” or “The Government of the Hong Kong Special Administrative Region” [**Fee subject to revision*]
8. 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 full name and registration number should be submitted to the Central Registration Office.

9. The completed application form together with all the required documents and the prescribed fee 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
Wan Chai, Hong Kong

10. For enquiries on the Guidelines, applicant may approach the Council Secretariat on 2873 5862 or email (dchk@dh.gov.hk).

**List of Qualifications Removed
from the List of Registrable/Quotable Additional Qualifications with effect from 1 July 2024**

	Title in Full	Abbreviation	Title in Chinese
<u>Australia</u>			
R1.	Bachelor of Science in Dentistry, University of Adelaide	B.Sc.Dent (Adel)	亞得雷德大學理科學士(牙科)
<u>United Kingdom</u>			
R1.	Fellowship in Dental Surgery ad eundem of The Royal College of Surgeons of England	FDS RCS Eng (Ad Eundem)	英國皇家外科醫學院牙科院士
R2.	Fellowship Ad Eundem in General Dental Practice, Faculty of General Dental Practice (UK), The Royal College of Surgeons of England	FFGDP (UK) (Ad Eundem)	英國皇家外科醫學院牙醫全科學系院士
<u>United States</u>			
R1.	Bachelor of Science in Dental Sciences, University of California	BSc (DS) (California)	加利福尼亞大學理科學士(牙科科學)

THE DENTAL COUNCIL OF HONG KONG

**Application for Registration of Additional Qualifications
in the Entry on the General Register**

[For the following Qualifications Conferred before 1 July 2024:

- (i) Marked with “*” in the List of Registrable/Quotable Additional Qualifications (“the List”)
or (ii) Removed from the List with effect from 1 July 2024]

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 the Qualification

(To be completed by applicant)

1. Official Title of the Qualification

Jurisdiction and Entry No. of the Qualification ¹	:	(Jurisdiction)
		(Entry No.)
English Title	:	
Chinese Title (if any)	:	
Abbreviation	:	
Conferring Institution	:	
Date of Conferment	:	

¹ For (i) the qualifications marked with “*”, please refer to Appendix E to the Guidelines for Inclusion of Qualifications in the List of Registrable/Quotable Additional Qualifications (“the Guidelines”).
For (ii) the qualifications removed from the List with effect from 1 July 2024, please refer to Appendix C to the Guidelines.

Part III Confirmation

(To be completed by applicant)

I confirm that –

- (i) I have been conferred the qualification under application before 1 July 2024; and
- (ii) all the information and documents (if any) provided in this application are true and correct.

Signature of Applicant : _____
Name of Applicant : _____
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 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

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

Application for Registration of Additional Qualifications in the Entry on the General Register

[For the following Qualifications Conferred before 1 July 2024:

- (i) Marked with “*” in the List of Registrable/Quotable Additional Qualifications (“the List”)
or (ii) Removed from the List with effect from 1 July 2024]

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. 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 submit the completed application form together with the following documents –
 - (a) a certified true copy of the diploma/certificate of the relevant qualification (meeting the criteria set out in paragraph 8 below); and
 - (b) a crossed cheque or banker’s draft for HK\$1,380* made payable to “The Government of the HKSAR” or “The Government of the Hong Kong Special Administrative Region” [**Fee subject to revision*]
8. 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 full name and registration number should be submitted to the Central Registration Office.
9. The completed application form together with all the required documents and the prescribed fee 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
Wan Chai, Hong Kong

10. For enquiries on the Guidelines, applicant may approach the Council Secretariat on 2873 5862 or email (dchk@dh.gov.hk).

List of Qualifications Marked with “*”
on the List of Registrable/Quotable Additional Qualifications with effect from 1 July 2024

Title in Full	Abbreviation	Title in Chinese
<u>United Kingdom</u>		
Diploma of Member of the Faculty of Dental Surgery, Royal College of Surgeons of Edinburgh	MFDS RCSEd	愛丁堡皇家外科醫學院牙科學系院員
Diploma of Membership of the Faculty of Dental Surgery, Royal College of Surgeons of Edinburgh	MFDS RCSEd	愛丁堡皇家外科醫學院牙科學系院員
Diploma of Membership of the Faculty of Dental Surgery, Royal College of Physicians and Surgeons of Glasgow	MFDS RCPS (Glasg)	格拉斯哥皇家醫學院牙科學系院員
Fellowship in Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow	FDS RCPS (Glasg)	格拉斯哥皇家醫學院牙科院士
Fellowship in Dental Surgery of the Royal College of Surgeons of Edinburgh	FDS RCSEd	愛丁堡皇家外科醫學院牙科院士
Fellow in Dental Surgery of the Royal College of Surgeons of England	FDS RCS Eng	英國皇家外科醫學院牙科院士
Fellow of the Faculty of General Dental Practitioners (UK), Royal College of Surgeons of England	FFGDP (UK)	英國皇家外科醫學院牙醫全科學系院士
Member of the Faculty of Dental Surgery of the Royal College of Surgeons of England	MFDS RCS (Eng)	英國皇家外科醫學院牙科學系院員