

DENTISTS REGISTRATION ORDINANCE

(Chapter 156)

APPLICATION FOR SPECIALIST REGISTRATION

I apply for inclusion of my name in the Specialist Register under the specialty of in accordance with section 12B of the Dentists Registration Ordinance. My personal particulars are as follows:-

- (a) Name: (English).....
(Chinese)
- (b) Registration No.:
- (c) Date of Birth:
- (d) Gender: *Male / Female
- (e) *Hong Kong Identity Card No. and/or
*Passport No.
issued by (country) in (place)
- (f) Registered address:
.....
.....
- (g) Telephone No.:
- (h) Fax No.:
- (i) E-mail address (optional):

2. I confirm that <Note 1>:-

- (a) I *have/have not been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment.
- (b) I *have/have not been found guilty of unprofessional conduct in Hong Kong or elsewhere.
- (c) There *are/are no criminal or disciplinary proceedings in progress against me in Hong Kong or elsewhere at the date of application.

/...

* Delete as appropriate

3. My specialist qualifications are as follows (please tick in the box):-

I have the specialist qualifications of Fellowship of the Hong Kong Academy of Medicine (Dental Surgery) and Fellowship of the College of Dental Surgeons of Hong Kong (under the specialty of) (certified true copy of certificate attached), and have been certified by the Hong Kong Academy of Medicine that (i) I have completed the postgraduate dental training and (ii) I have satisfied the continuing education requirements determined by the Academy for the relevant specialty.

I am not a Fellow of the Hong Kong Academy of Medicine, but I have the specialist qualifications, and have been certified by the Hong Kong Academy of Medicine that (i) I have achieved a professional standard equivalent to that recognized by the Academy for the award of its fellowship and (ii) I have completed the postgraduate dental training and have satisfied the continuing education requirements comparable to those determined by the Academy for the relevant specialty (documentary proof attached).

I solemnly and sincerely declare that all information provided with this application is true and accurate to the best of my knowledge and belief.

Declared at <Note 2>
this day of 20.....

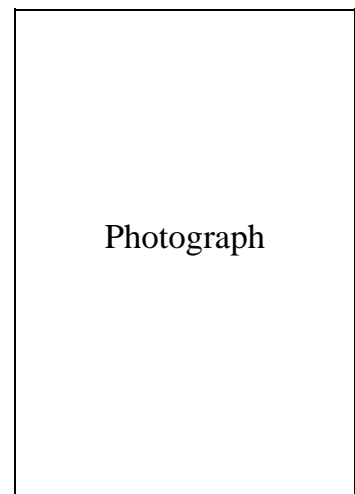
}
(Applicant's signature)

Before me,

(.....) <Note 2>
*Commissioner for Oaths/Notary Public of Hong Kong

or *Notary Public of #.....

* Delete as appropriate
Insert applicant's place of residence



<Note 1> : If there is any such conviction, finding of unprofessional conduct, or criminal or disciplinary proceedings in progress, **details must be provided.**

<Note 2> : The application must be declared in the presence of –
(a) a notary public or a commissioner for oaths if the application is declared in Hong Kong; or
(b) a notary public if the application is declared outside Hong Kong.

Statement of purpose of collection of personal data

Purpose of Collection

1. The personal data provided will be used for purposes associated with specialist registration and other provisions of the Dentists Registration Ordinance. The provision of personal data is voluntary under the same Ordinance. However, if you do not provide sufficient information, the Dental Council will not be able to process your application.

Disclosure of Personal Data to the Public

2. Under section 13A of the Dentists Registration Ordinance, a list of names, registered addresses, qualifications and dates of the qualifications of all registered dentists whose names appear on the Specialist Register has to be published annually in the Gazette. The main purpose of publishing such information is to inform the public as to who is, or is not, registered as a specialist dentist. The information gazetted will also be published in the Dental Council's website to which the general public has access.

Classes of Transferees

3. The personal data you provide are mainly for use within the Dental Council, but they may also be disclosed to other bodies for the purposes mentioned in paragraph 1 above if required.

4. Contact information of registered dentists will be provided upon request to bona fide public and non-commercial medical/dental bodies to facilitate communication for non-commercial purposes relating to the practice of dentistry. Dentists who do not wish for the contact information to be provided should inform the Secretariat in writing.

Access to Personal Data

4. You have a right of access to and correction of personal data in accordance with sections 18 and 22 and Data Protection Principle 6 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of the 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

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

Central Registration Office
Dental Council of Hong Kong
17/F, Wu Chung House,
213 Queen's Road East,
Wanchai, Hong Kong

Fax : (852) 2891 7946

Tel : (852) 2961 8655