**Annex to Appendix B**

**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. | : |  |
| Practising Address | : |  |
|  |  |
| 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 in the List\* | : | (Jurisdiction) |
|  | (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”).*

1. 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 insitution 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 clealy defined mode of assessment by the conferring institution. | | |
|  | | Others *(please specify)*: |  |

1. 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 dentisty. | |
|  | 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 –

1. 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;
2. the qualification under application meets the requirements as set out in the latest Guidelines issued by the Council; and
3. all the information and documents (if any) provided in this application are true and correct.

|  |  |  |
| --- | --- | --- |
| Signature of Applicant | : |  |
| Name of Applicant | : |  |
| Date | : |  |

**Statement of Purposes**

Purpose of Collection

1. The personal data provided in the application form is for applying for registration of the additional qualification in the applicant’s entry on the General Register. The provision of personal data is voluntary.

Classes of Transferees

1. The personal data provided is mainly for use within the Dental Council of Hong Kong but they may be disclosed to other Government departments/bureaux, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. The public can access to your gazette information relating to names, address, qualifications and dates of the qualifications. Apart from this, your other personal particulars and information 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

1. You have a right of access and correction with respect to personal data as provided in the application form pursuant to 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 in the application form during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

Enquiries

1. Application for access to and correction of the personal data provided should be addressed to:

Registrar of Dentists

c/o Central Registration Office

17/F, Wu Chung House

213, Queen’s Road East

Wan Chai, Hong Kong

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

**Guidance Notes for**

**Application for Registration of Additional Qualifications**

**in the Entry on the General Register**[ For Qualifications Already in the List of Registrable/Quotable Additional Qualifications ]

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](http://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](http://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 –
8. a certified true copy of the diploma/certificate of the relevant qualification (meeting the criteria set out in paragraph 8 below);
9. the original of “Certificate of Registration” or “Duplicate Certificate of Registration” of the Main Address;
10. the original of “Certified Copy of Certificate of Registration” of ALL the Branch Addresses; and
11. a cheque of HK$775# made payable to the “Hong Kong Special Administrative Region”.

*(# Fee subject to revision)*

1. 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.
2. 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

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

*The Dental Council of Hong Kong*

*July 2024*