**Appendix A**

**The Dental Council of Hong** **Kong**

**Application for** **Inclusion of Qualifications**

**in the List of Registrable/Quotable Additional Qualifications**

[Please read the attached Guidance Notes before completing this form.]

|  |  |
| --- | --- |
| **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 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 | : |   |

1. 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)*: |  |

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)*: |  |

1. Details of Assessment/Examination of the Qualification
	* + 1. 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

|  |
| --- |
|  |
|  |
|  |
|  |

1. 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)*: |  |

1. Enrolment Open To

*(You may tick more than one box if applicable.)*

|  |
| --- |
|[ ]  Dental practitioners |
|[ ]  Other healthcare professionals *(please specify)*:  |  |
|[ ]  Non-dental personnel |

1. Other Details of the Programme
2. Level of the Qualification

|  |
| --- |
|[ ]  Undergraduate  |
|[ ]  Certificate |
|[ ]  Postgraduate Diploma |
|[ ]  Master |
|[ ]  Membership |
|[ ]  Fellowship |
|[ ]  Doctorate |
|[ ]  Others *(please specify)*: |  |

1. Specialty/Area of the Qualification

|  |
| --- |
|  |

1. 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)* : |  |

1. Duration of Programme

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year(s) |  | Month(s) |

1. Maximum Period Allowed for Completion from Time of Enrolment

|  |  |
| --- | --- |
|  | Year(s) |

1. List of Courses/Modules

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course/Module |  | Teaching Hours |  | Study Hours |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total: |  |  |

1. Training Requirements
	* + 1. Duration and Frequency of Training

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duration of Supervised Training: |  | Year(s) |  | Month(s) |
| No. of Session(s) Per Week: |  | No. of Hours Per Session: |  |

* + - 1. Details of the Training Requirements (e.g. supervised training, hands on training and clinical attachment etc.)

|  |
| --- |
|  |
|  |
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|  |

1. 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.

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| --- |
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| **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 –

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 criteria for inclusion in the List as set out in the latest Guidelines issued by the Council;
3. all the information and documents (if any) provided in this application are true and correct; and
4. 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 | : |  |

**Statement of Purposes**

Purpose of Collection

1. The personal data provided in the application form is for applying for inclusion of the qualification in the List of Registrable/Quotable Additional Qualifications and registration of the relevant 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 are 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 Inclusion of Qualifications**

**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. 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.

1. The completed application form together with all the required documents should be submitted in person or by post to:

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

1. For enquiries on the Guidelines, applicant may approach the Council Secretariat on 2873 5862 or email (dchk@dh.gov.hk).
2. Subject to the decision of the Council, the Secretariat will inform the applicant about the result of the application.

*The Dental Council of Hong Kong*

*July 2024*