## Appendix XII

**Continuing Professional Development (“CPD”) Programme of The Dental Council of Hong Kong**

**Claim Form for Pre-approved Overseas CPD Activity or**

**Activity Organised by Approved Overseas Organisation**

**for the 2023 - 2025 CPD Cycle**

##### Particulars of Applicant

|  |  |
| --- | --- |
| Name:  | Dental Council Registration No.:  |
| (if applicable) |
| Phone No.:  | E-mail Address:  |
| Enrolled CPD Programme Administrator: | □ CDSHK □ DH □ HKDA |

##### Details of Overseas CPD Activity

|  |
| --- |
| Name of CPD Activity:  |
| Organising Institute:  |
| Date(s):  | Total no. of Hour(s) Attended:  |
| Mode of Attendance: |  |  |  |  |
| □ Online with Live Streaming □ Physical Attendance□ Online (On Demand)  |
| Speaker(s):(if applicable/known)  |
| No. of hour(s) claimed as being: (Please select the appropriate item) | □Attendee Hour(s) | □Chairperson Hour(s) |
|  | □Demonstrator Hour(s) | □Presenter / Speaker Hour(s) |
| Nature & Duration of Activity: | Meeting:  | Hour(s)  | Workshop:  | Hour(s)  |
|  | Others: (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  | Hour(s)  |

*Remarks:*

1. *Synopsis of the activity and evidence of attendance should be attached to the application form.*
2. *The application form should be submitted to the respective CPD Programme Administrators and will be assessed individually by the CPD Programme Accreditors on the CPD points to be awarded.*

|  |  |
| --- | --- |
| **Signature**: | **Date:** |

*------------------------------------------------------------------------------------------------------------------------------*

##### For official use only:

**CPD points credited:** \_\_\_\_\_\_\_\_\_\_\_\_ **Checked by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Rev. December 2022)*