

# THE DENTAL COUNCIL OF HONG KONG

## Application for Temporary Registration under Section 9G of the Dentists Registration Ordinance

In accordance with section 9G of the Dentists Registration Ordinance, an application for temporary registration is hereby submitted on behalf of the following person (“subject person”) –

- (a) Surname (English) : \_\_\_\_\_ (Chinese) : \_\_\_\_\_  
Given name (English) : \_\_\_\_\_ (Chinese) : \_\_\_\_\_
- (b) Date of birth : \_\_\_\_\_
- (c) Gender : \*Male/Female
- (d) \*Hong Kong Identity Card No. : \_\_\_\_\_ or  
\*Passport No. : \_\_\_\_\_ issued in \_\_\_\_\_ (place)

2. The subject person holds the following qualifications –

Qualification	Conferring Institution	Date of Conferment

3. Is the subject person currently registered or had the subject person been registered as a dentist under the law of a place outside Hong Kong? If yes, please set out **ALL** registration/licensing authorities with which he/she is currently registered and had been registered in the table below.

Yes  No

Place	Registration/Licensing Authority	Period of Registration
		to
		to
		to

4. The subject person will be engaged with the following details –

- (a) Name of the engaging organization : \_\_\_\_\_
- (b) Title of post to be held by the subject person : \_\_\_\_\_
- (c) Nature of duties and scope of work to be conducted by the subject person :  
\_\_\_\_\_  
\_\_\_\_\_

- (d) Period : \_\_\_\_\_ to \_\_\_\_\_
- (e) Contact address in Hong Kong <sup>1</sup> :  
 (English) \_\_\_\_\_  
 (Chinese) \_\_\_\_\_
- (f) Practice address(es) <sup>2</sup> (Please list out the address of **ALL** premises in Hong Kong on which the subject person will carry on the practice of dentistry and use a separate sheet if necessary) :  
 (English) \_\_\_\_\_  
 (Chinese) \_\_\_\_\_

5. I confirm that the subject person will be engaged exclusively for conducting clinical teaching or research for my organization.



Signature : \_\_\_\_\_

Name : \_\_\_\_\_ (BLOCK letters)

Position Held : \_\_\_\_\_

Name of Organization : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Email : \_\_\_\_\_

Date : \_\_\_\_\_

Remarks:

\* Please delete as appropriate.

Please tick as appropriate.

**Note**

1. According to section 12G(1) of the Dentists Registration Ordinance (“DRO”), “A registered dentist or a person with provisional registration must provide to the Registrar an address in Hong Kong at which he or she may be contacted.”
2. According to section 12(G) of the DRO,
  - “(2) Subject to subsection (3), a registered dentist (other than a registered dentist whose name is contained in the non-practising list) must provide to the Registrar the address of all premises in Hong Kong on which he or she carries on the practice of dentistry.
  - (3) Subsection (2) does not require a person to provide—
    - (a) an address of—
      - (i) any premises on which the person provides an outreach medical service (within the meaning of section 9 of the Private Healthcare Facilities Ordinance (Cap. 633)); or
      - (ii) any premises on which the person carries on the practice of dentistry not for gain; or
    - (b) an address of any premises of a class specified under subsection (4).
  - (4) The Council may, by notice published in the Gazette, specify any class of premises for the purposes of subsection (3)(b).”

**Application for Practising Certificate under Temporary Registration**

In accordance with section 11A of the Dentists Registration Ordinance, I now apply for a practising certificate under temporary registration to conduct clinical teaching or research for \_\_\_\_\_(Name of Organization) exclusively.

I declare that <sup>1</sup> -

- (a) I \*have/have **never** been convicted in **Hong Kong or elsewhere** of an offence **punishable** with imprisonment.
- (b) I \*have/have **never** been found guilty in **Hong Kong or elsewhere** of unprofessional conduct.
- (c) I \*am/am **not** currently the subject of any criminal or disciplinary proceedings in **Hong Kong or elsewhere**.

Enclosed please find a crossed cheque/banker’s draft (made payable to “The Government of the HKSAR” or “The Government of the Hong Kong Special Administrative Region”) in the sum of HK \$745 for application for a practising certificate.

Signature : \_\_\_\_\_

Name of Applicant : \_\_\_\_\_ (BLOCK letters)

Contact Address : \_\_\_\_\_

Email : \_\_\_\_\_

Date : \_\_\_\_\_

*Note:*

- 1. *If there is any such conviction, finding of unprofessional conduct, or criminal or disciplinary proceedings, full details must be provided separately.*

*Applicants are warned that it is a criminal offence punishable by imprisonment to make a false declaration, and they must ensure the accuracy of all information provided.*

## **Personal Information Collection Statement**

### Purpose of Collection

1. The personal data you provide will be used for purposes directly related to the application for registration as a registered dentist with temporary registration. 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 the application.

### Transfer to Others

2. The personal data you provide will be used mainly by the Dental Council of Hong Kong ("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*

3. 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

4. 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:-

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

# Application for Temporary Registration

## Guidance Note

Please note the following in making the application:-

1. Complete application form clearly and in BLOCK letters. Incomplete or illegible applications will not be processed. Documents submitted will not be returned.
2. In addition to the “Application form for Temporary Registration”, please submit the following documents such as –
  - (i) original or certified copy of identity document (Hong Kong Identity Card or passport) of the subject person to be engaged;
  - (ii) copies of certificate of registration or other document evidencing the subject person’s registration with a registration/licensing authority outside Hong Kong; and
  - (iii) a copy of curriculum vitae of the subject person.

[Note: The application should be accompanied with a crossed cheque or banker’s draft for HK\$745 being fee for a practising certificate made payable to “The Government of the HKSAR” or “The Government of the Hong Kong Special Administrative Region”.]

*[Fee subject to revision]*

3. Completed application form, together with all supporting documents and the prescribed fee, should be submitted in person or by post to -

Secretary, The Dental Council of Hong Kong  
c/o Central Registration Office  
17/F, Wu Chung House  
213, Queen’s Road East  
Wanchai, Hong Kong

4. Enquiries should be directed to the Central Registration Office at 2961 8655.