

THE DENTAL COUNCIL OF HONG KONG

Application for Full Registration under Section 9 of the Dentists Registration Ordinance

BDS (HK)

Passed the Licensing Examination

I apply for registration as a registered dentist under section 9 of the Dentists Registration Ordinance, Chapter 156, Laws of Hong Kong and to have my name included in the:

Practising List

Non-practising List

Details of my personal particulars, primary dental qualifications and internship / period of assessment (if applicable) are as follows –

Personal Particulars

| | | | |
|--|---|---|--|
| Full Name <small>(Must match name in HKID / Passport)</small> | (Family name) (Given name) in Chinese (if any) | | |
| HKID Card No. | | | |
| Passport No. <small>(If no HKID)</small> | | Place of Issue | |
| Date of Birth | Day Month Year | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Tel. No. | (country code) / (area code) / | | |
| Fax No. | (country code) / (area code) / | | |
| Email | | | |
| Contact Address in Hong Kong ¹ | (English) | | |
| | | | |
| | (Chinese) | | |
| | | | |
| Practice Address(es) ² <small>(Please list out ALL premises in Hong Kong on which you will carry on the practice of dentistry and use a separate sheet if necessary)</small> | (English) | | |
| | | | |
| | (Chinese) | | |
| | | | |

Primary Dental Qualification

| | |
|--------------------|--|
| Qualification | |
| Date of Conferment | |

Internship / Period of Assessment

| | | | |
|--------------------|-----|-------|------|
| Date of Completion | | | |
| | Day | Month | Year |

Criminal Conviction / Unprofessional Conduct³

| | | | |
|---|-------------------------------|--|--|
| I | <input type="checkbox"/> have | <input type="checkbox"/> have NEVER | been convicted in Hong Kong or elsewhere of an offence punishable with imprisonment. |
| I | <input type="checkbox"/> am | <input type="checkbox"/> am NOT | currently the subject of any criminal proceeding(s) in Hong Kong or elsewhere. |
| I | <input type="checkbox"/> have | <input type="checkbox"/> have NEVER | been found guilty in Hong Kong or elsewhere of unprofessional conduct. |
| I | <input type="checkbox"/> am | <input type="checkbox"/> am NOT | currently the subject of any disciplinary proceeding(s) in Hong Kong or elsewhere. |

Registration Status

I am not registered as a dentist in any place.

I am registered as a dentist with the following registration/licensing authorities (please set out **ALL** authorities with which you are registered):-

| Place | Registration/Licensing Authority | Period of Registration |
|-------|----------------------------------|------------------------|
| | | to |
| | | to |
| | | to |

Submit: Certificate(s) of standing (original) or equivalent (issued by **EACH** registration/licensing authority within 3 months before this application)

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).”
3. If there is any such conviction, findings of unprofessional conduct, or criminal or disciplinary proceedings, full details must be provided separately.

Statutory Declaration

WARNING

Applicant must ensure the truth and accuracy of all information provided. Making a false declaration (including failure to disclose relevant information) is an offence punishable with imprisonment under the Crimes Ordinance. Cases of false declaration will be reported to the relevant authorities for investigation and prosecution.

I _____ (Applicant's name) of _____
_____ (address)

solemnly and sincerely declare that all information and documents provided for this application are **true and accurate**.

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Ordinance.

Applicant's Signature : _____

Applicant's recent photograph

(Administrator of oath to sign across the affixed photograph of the Applicant)

(size: 40 x 60 mm to 50 x 70mm)

The above declaration was made on _____ (date) at _____ (place)

Before me (administrator of oath),

Signature: _____

Name: _____ (BLOCK letters)

* Status:

- Commissioner for Oaths Solicitor
- Barrister Notary Public

Official Stamp

* A declaration made **outside Hong Kong** must be made before a **Notary Public**.

THE DENTAL COUNCIL OF HONG KONG

Application for Full Registration

Evidence of Applicant's Identity

*(To be completed by the administrator of oath
before whom the statutory declaration is made)*

I give this certificate for the purpose of the application of _____(Applicant's name) for registration as a dentist under section 9 of the Dentists Registration Ordinance, Chapter 156, Laws of Hong Kong.

I certify that I have **personally** checked the personal particulars and photograph (across which I have put my signature) provided in the application form. I am satisfied that they are the same as shown in the Applicant's:-

- Hong Kong Identity Card number _____.
- passport number _____ issued by _____(place).

Signature : _____

Name : _____

Status : Commissioner for Oaths Solicitor
 Barrister Notary Public

Address : _____

Tel. No. : _____

Email : _____

Date : _____

THE DENTAL COUNCIL OF HONG KONG

Application for Full Registration

Character Reference (1)

I recommend _____ (Applicant's name) for registration as a dentist under section 9 of the Dentists Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:-

In my judgement, the Applicant is a person of good character to be registered as a dentist.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):-

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Dental Council of Hong Kong can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

Signature : _____

Name : _____(BLOCK letters)

Occupation / Profession : _____

Address : _____

Telephone No. : _____

Email : _____

Date : _____

WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a dentist under section 9 of the Dentists Registration Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

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Application for Full Registration

Character Reference (2)

I recommend _____ (Applicant's name) for registration as a dentist under section 9 of the Dentists Registration Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:-

In my judgement, the Applicant is a person of good character to be registered as a dentist.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):-

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Dental Council of Hong Kong can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

Signature : _____

Name : _____ (BLOCK letters)

Occupation / Profession : _____

Address : _____

Telephone No. : _____

Email : _____

Date : _____

WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a dentist under section 9 of the Dentists Registration Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

Personal Information Collection Statement

Purpose of Collection

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

Disclosure to the Public

2. In accordance with section 13 of the Dentists Registration Ordinance (“DRO”), the General Register is published twice every year in the Gazette a list of the name, practice address, qualification and date of qualifications and other particulars that the Registrar of Dentists considers appropriate, of every person who is a person with full registration, a person with limited registration or a person with special registration. The main purpose of such publication is to inform the public who is, or is not, registered as a dentist, and who is entitled to practise dentistry.

3. The information published in the Gazette will also be published in the website of the Dental Council of Hong Kong (“Dental Council”).

Transfer to Others

4. The personal data you provide will be used mainly by the 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

5. 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

6. 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 Full Registration

Guidance Note

1. Complete application form clearly and in BLOCK letters. Incomplete or illegible applications will not be processed. Insert ✓ sign in appropriate boxes. Documents submitted will not be returned.
2. Make a statutory declaration before a Commissioner for Oaths, Solicitor or Barrister in Hong Kong or a Notary Public outside Hong Kong to confirm the truth of all information provided. Declaration service is also available free of charge at the Central Registration Office.
3. Submit:-
 - (a) **photocopies of**
 - (i) identity document (Hong Kong Identity Card or passport);
 - (ii) qualification certificate (BDS (HK));
 - (iii) Certificate of Experience (in respect of internship or assessment);which must be
 - (i) certified true copies by the administrator of oath before whom the statutory declaration is made; or
 - (ii) verified by the Central Registration Office (you must present both the originals and the photocopies in person for verification);
 - (b) **originals** of the following:-
 - (i) 4 recent photographs (size: 40 x 60mm to 50 x 70mm), one of which to be affixed to application form;
 - (ii) evidence of identity;
 - (iii) references as to your character from at least 2 persons, not being your relatives, who have known you for at least 12 months and who have the opportunity of judging your character;
 - (iv) certificate(s) of good standing or equivalent issued (within 3 months before the date of application) by **EACH** registration/licensing authority of a place outside Hong Kong with which you are registered as a dentist (if any);
 - (c) a crossed cheque or banker's draft for HK\$4,855* made payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region". (HK\$4,110* being prescribed fee for full registration and HK\$745* being fee for a practising certificate (for inclusion of name in the Practising List) or a retention certificate (for inclusion of name in the Non-practising List) [**Fees subject to revision*])
4. If you are interested in using the autopay facility for future payment of fee for the annual practising certificate, you may contact the Central Registration Office for Autopay Authorization Form.

5. Completed application form, together with all supporting documents and the prescribed fees, 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
Wanchai, Hong Kong

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