

THE DENTAL COUNCIL OF HONG KONG

Application for Special Registration under Section 9J of the Dentists Registration Ordinance

I apply for registration as a registered dentist with special registration in accordance with section 9J of the Dentists Registration Ordinance. My personal particulars are as follows –

- (a) Surname (English) : _____ (Chinese) : _____
Given name (English) : _____ (Chinese) : _____
- (b) Date of birth : _____
- (c) Gender : *Male/Female
- (d) *Hong Kong Identity Card (HKID) No. : _____ or
*Passport No. (if no HKID): _____ issued in _____ (place)
- (e) Contact address in Hong Kong ¹ :
(English) _____
(Chinese) _____
- (f) Practice address(es) ² (Please list out the address of **ALL** premises in Hong Kong on which you will carry on the practice of dentistry and use a separate sheet if necessary) :
(English) _____
(Chinese) _____
- (g) Telephone number : _____
- (h) E-mail address : _____

2. I have been selected for full-time employment in Hong Kong as a person with special registration in the following Schedule 5 institution during the employment period as specified in the letter/certification of employment provided by the prospective employing institution –

- (a) Name of the employing institution : _____

- (b) Nature of duties and scope of work to be performed :

3. Are you currently or had you been registered as a dentist with limited / special registration in Hong Kong? If Yes, please provide details in the table below.

Yes No

Type of Registration (Registration no.)	Employing Institution	Period of Registration

4. I hold the following primary diploma(s) and/or degree(s) in dentistry, dental surgery and dental medicine –

Qualification	Conferring Institution	Year of Conferment	Period Attended	Duration of the Programme
			to	year(s)
			to	year(s)
			to	year(s)

5. My specialist qualifications are as follows –

- I have been awarded a Fellowship of the Hong Kong Academy of Medicine in the specialty of dental surgery.
- I have **not** been awarded a Fellowship of the Hong Kong Academy of Medicine (“HKAM”) in the specialty of dental surgery but I have been certified by the HKAM that I have attained a professional standard equivalent to that recognized by the HKAM for the award of a Fellowship of the HKAM in the specialty of dental surgery.

6. I have the following full-time post-qualification clinical experience –

Period	Organization (Place)	Position Held	Duties
to			
to			
to			

7. Are you currently registered or had you 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 you are currently registered and had been registered in the table below.

Yes No

Place	Registration/Licensing Authority	Period of Registration
		to
		to
		to

8. Have you been refused by the Dental Council of Hong Kong to take the Licensing Examination (“LE”) as you have in any one part of the Licensing Examination failed 5 times or more?
- Yes (If yes, please specify the year and sitting of the LE that your application to take the LE was refused : _____)
- No
9. I confirm that ³ -
- (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**.

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).”
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**.

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)

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

Applicant’s Signature : _____

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

Address: _____

Tel. No.: _____ Email: _____

Official Stamp

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

THE DENTAL COUNCIL OF HONG KONG

Application for Special Registration

Character Reference (1)

I recommend _____ (Applicant's name) for special registration as a registered dentist under section 9J 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 registered dentist with special registration.

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 registered dentist under section 9J 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 Special Registration

Character Reference (2)

I recommend _____ (Applicant's name) for special registration as a registered dentist under section 9J 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 registered dentist with special registration.

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 registered dentist under section 9J of the Dentist 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 Special 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. 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;
- (iii) transcript of qualification;
- (iv) fellowship diploma in the specialty of dental surgery awarded by the Hong Kong Academy of Medicine (“HKAM”) or letter of certification issued by the HKAM certifying the attainment of a professional standard equivalent to that recognized by the HKAM for the award of the aforesaid fellowship;
- (v) certificate of registration or other document evidencing your registration with a registration/licensing authority outside Hong Kong at the date of the application for special registration; and
- (vi) certification of clinical experience with details of the workplace, the scope of work and clinical hours etc. issued by the employing institutions or designated authorities evidencing your possession of adequate and relevant full time post-qualification clinical experience;

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 photograph (size: 40 x 60mm to 50 x 70mm), one of which to be affixed to application form;
- (ii) letter / certification of employment from the prospective employing institution certifying that you have been selected for full-time employment as a dentist in one of the institutions specified in Schedule 5 of the Dentists Registration Ordinance;
- (iii) references as to your character from 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 of standing issued (within 3 months before the application) by **EACH** registration/licensing authority of a place outside Hong Kong with which you are currently / had been registered as a dentist;

(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 special registration and HK\$745* being fee for a practising certificate) [**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 8503.