

# THE DENTAL COUNCIL OF HONG KONG

## Application for Inclusion of Name in the Specialist Register under Section 12B of the Dentists Registration Ordinance

I apply for inclusion of my name in the Specialist Register under the specialty of \_\_\_\_\_ in accordance with section 12B of the Dentists Registration Ordinance. My personal particulars are as follows :

- (a) Name:(English) \_\_\_\_\_  
(Chinese) \_\_\_\_\_
- (b) Registration No.: \_\_\_\_\_
- (c) Date of Birth: \_\_\_\_\_
- (d) Gender: \*Male / Female
- (e) \*Hong Kong Identity Card (HKID) No. \_\_\_\_\_ and / or  
\*Passport No. (If no HKID) \_\_\_\_\_  
issued by \_\_\_\_\_ (country) in \_\_\_\_\_ (place)
- (f) Contact address in Hong Kong :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (g) Telephone No.: \_\_\_\_\_
- (h) Fax No.: \_\_\_\_\_
- (i) E-mail address (optional) : \_\_\_\_\_

2. I confirm that <Note 1> :

- (a) I \*have / have not been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment.
- (b) I \*have / have not been found guilty of unprofessional conduct in Hong Kong or elsewhere.
- (c) There \*are / are no criminal or disciplinary proceedings in progress against me in Hong Kong or elsewhere at the date of application.

\* Delete as appropriate

/...

3. My specialist qualifications are as follows (please tick in the box) :

I have the specialist qualifications of Fellowship of the Hong Kong Academy of Medicine (Dental Surgery) and Fellowship of the College of Dental Surgeons of Hong Kong (under the specialty of \_\_\_\_\_) (certified true copy of certificate attached), and have been certified by the Hong Kong Academy of Medicine that (i) I have completed the postgraduate dental training and (ii) I have satisfied the continuing education requirements determined by the Academy for the relevant specialty.

I am not a Fellow of the Hong Kong Academy of Medicine, but I have the specialist qualifications \_\_\_\_\_, and have been certified by the Hong Kong Academy of Medicine that (i) I have achieved a professional standard equivalent to that recognized by the Academy for the award of a Fellowship of the Academy of Medicine in the specialty of dental surgery and (ii) I have completed the postgraduate dental training and have satisfied the continuing education requirements comparable to those determined by the Academy for the relevant specialty (documentary proof attached).

I solemnly and sincerely declare that all information provided with this application is true and accurate to the best of my knowledge and belief.

Declared at \_\_\_\_\_ <Note 2>  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Applicant's signature)

Before me,

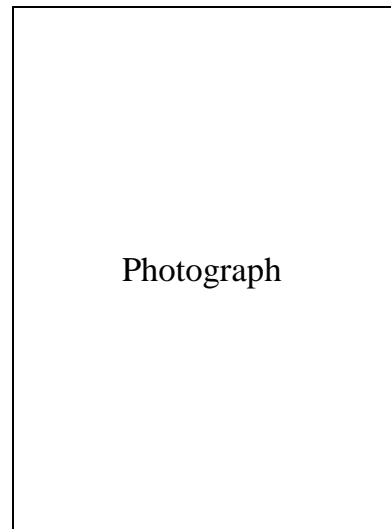
\_\_\_\_\_  
( \_\_\_\_\_ ) <Note 2>

\*Commissioner for Oaths / Notary Public of Hong Kong

or \*Notary Public of # \_\_\_\_\_

\* Delete as appropriate

# Insert applicant's place of residence



<Note 1> : If there is any such conviction, findings of unprofessional conduct, or criminal or disciplinary proceedings in progress, full details must be provided separately.

<Note 2> : The application must be declared in the presence of :

- (a) a notary public or a commissioner for oaths if the application is declared in Hong Kong; or
- (b) a notary public if the application is declared outside Hong Kong.

## **Personal Information Collection Statement**

### Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for inclusion of your name in the Specialist Register. 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 13A of the Dentists Registration Ordinance (“DRO”), the Specialist 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 registered specialist dentist. The main purpose of such publication is to inform the public who is, or is not, registered as a specialist dentist.

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 Inclusion of Name in the Specialist Register**

### **Guidance Note**

1. Only dentists whose names have been included in the General Register may apply for inclusion in the Specialist Register.
2. Pursuant to section 12B of the Dentists Registration Ordinance (“DRO”), Chapter 156, Laws of Hong Kong, the Dental Council of Hong Kong (“Dental Council”) shall not approve an application for specialist registration unless the applicant :-
  - (a)
    - (i) has been awarded a Fellowship of the Hong Kong Academy of Medicine (“HKAM”) in the specialty of dental surgery and certified by HKAM that he has completed the postgraduate dental training and has satisfied the continuing education requirements determined by HKAM for the specialty; or
    - (ii) has been certified by HKAM that he has achieved a professional standard equivalent to that recognized by HKAM for the award of a Fellowship of the Academy of Medicine in the specialty of dental surgery and has completed the postgraduate dental training and satisfied the continuing education requirements comparable to those determined by HKAM for the specialty; **and**
  - (b) is competent in the specialty.
3. Each application will be considered by the Education and Accreditation Committee (“EAC”) of the Dental Council. Where necessary, the EAC may refer the application to HKAM for its certification of the matters set out in paragraph 2(a)(ii) above.
4. The EAC shall recommend to the Dental Council as to whether the applicant satisfies the conditions in section 12B of the DRO, and whether the application should be approved.
5. If the EAC recommends rejection of an application, the applicant will be notified of the reasons for the recommendation and he may submit to the Dental Council written representations on the recommendation.

### **APPLICATION PROCEDURES**

6. Completed application forms shall be submitted to the Secretary of the Dental Council.
7. An applicant can apply for inclusion in the Specialist Register under the following specialties :-

<b><u>Code</u></b>	<b><u>Specialty</u></b>	<b><u>Requisite Qualifications</u></b>
SA	Orthodontics	FHKAM (Dental Surgery) <i>and</i> FCDSHK (Orthodontics)
SB	Oral & Maxillofacial Surgery	FHKAM (Dental Surgery) <i>and</i> FCDSHK (Oral & Maxillofacial Surgery)
SC	Periodontology	FHKAM (Dental Surgery) <i>and</i> FCDSHK (Periodontology)
SD	Endodontics	FHKAM (Dental Surgery) <i>and</i> FCDSHK (Endodontics)
SE	Paediatric Dentistry	FHKAM (Dental Surgery) <i>and</i> FCDSHK (Paediatric Dentistry)
SF	Prosthodontics	FHKAM (Dental Surgery) <i>and</i> FCDSHK (Prosthodontics)
SG	Family Dentistry	FHKAM (Dental Surgery) <i>and</i> FCDSHK (Family Dentistry)
SH	Community Dentistry	FHKAM (Dental Surgery) <i>and</i> FCDSHK (Community Dentistry)

8. An applicant who does not possess the requisite qualifications should submit a Letter of Certification issued by HKAM to support his application. For enquiries concerning certification of qualifications by HKAM, please contact HKAM (Telephone (852) 2871 8888, Fax (852) 2505 5577, Email [hkam@hkam.org.hk](mailto:hkam@hkam.org.hk)).
9. A completed application form must be declared in the presence of :-
- a notary public or a commissioner for oaths, if the application is declared in Hong Kong; *or*
  - a notary public, if the application is declared outside Hong Kong.

Note: Statutory declaration service is available free of charge during office hours at the following offices of the Department of Health :-

Boards and Councils (Registration) Office 17/F, Wu Chung House,  
213 Queen's Road East,  
Wanchai, Hong Kong  
(Tel. No. : 2961 8655 / 2961 8756)

Boards and Councils (Branch) Office  
1/F & 2/F, Shun Feng International Centre, 182 Queen's Road East,  
Wanchai, Hong Kong  
(Tel. No. : 2527 8351 / 2527 8380)

Boards and Councils (Wong Chuk Hang) Office  
4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road,  
Aberdeen, Hong Kong  
(Tel. No. : 2873 5862 / 2873 5437)

Clinic Administration and Planning Section (Branch Office) Room 331, 3/F  
Sha Tin Government Offices 1 Sheung Wo Che Road Shatin, NT  
(Tel. No. : 2158 5131)

10. The application must be accompanied by the following documents :-
- (a) a certified true copy, together with a photocopy, of the applicant's passport or Hong Kong Identity Card;
  - (b) two passport size photographs (4 x 6 cm to 5 x 7 cm) taken within the past 3 months, one of which shall be affixed to the application form;
  - (c) the supporting documents specified in paragraph 11 (for an applicant who is a Fellow of HKAM) or 12 (for an applicant who is not a Fellow of HKAM) below;
  - (d) a crossed cheque or bank draft for the application fee payable to "Government of the Hong Kong Special Administrative Region" or "Government of HKSAR" (the current application fee is HK\$4,820\*); ***and***  
*[\*Fee subject to revision]*
  - (e) if the applicant is practising dentistry in place(s) outside Hong Kong, an original Certificate of Standing issued by EACH registration/licensing authority not earlier than 3 months before the date of application.

[Note : If the application is submitted in person to the Dental Council Secretariat, the originals of the documents in (a) and (c) above may be presented for verification in lieu of the certified true copy.]

11. An applicant who is a Fellow of HKAM must submit the following supporting documents :-
- (i) a certified true copy, together with a photocopy, of each of the relevant fellowship diplomas awarded by HKAM and the College of Dental Surgeons of Hong Kong; ***and***
  - (ii) a certified true copy, together with a photocopy, of the Letter of Certification issued by HKAM certifying the matters set out in paragraph 2(a)(i) above.
12. An applicant who is not a Fellow of HKAM must submit a certified true copy, together with a photocopy, of the Letter of Certification issued by HKAM certifying the matters set out in paragraph 2(a)(ii) above.
13. For certified true copies, certification should be made by a notary public or a commissioner for oaths in Hong Kong, or by a notary public outside Hong Kong.

## **SUBMISSION OF APPLICATION**

14. The application, together with all supporting documents, should be submitted to :-

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

15. Enquiries can be made at (852) 2961 8705.