

The Dental Council of Hong Kong
Application for Limited Registration
under the Dentists Registration Ordinance, Cap. 156
(for dentists trained outside Hong Kong)

Notes to Employers

Eligibility

Dentists trained outside Hong Kong who:

- (a) are of good character;
- (b) have obtained a recognized non-Hong Kong qualification;
- (c) have had adequate and relevant full-time post-qualification clinical experience;
- (d) unless the applicant is a person with limited registration or a person with special registration when the application is made, or was such a person at any time before the application is made — the applicant is registered as a dentist under the law of a place outside Hong Kong;
- (e) have not been refused, under section 7A(3) of the Dentists Registration Ordinance, to take the Licensing Examination; and
- (f) have been selected for full-time employment as a person with limited registration in one of the institutions specified in Schedule 4 of the Dentists Registration Ordinance or an employment or an employment of a type determined under section 9E of the Dentists Registration Ordinance.

Vetting Procedures

1. Upon the receipt of an application, an authorised person appointed by the employing institution should complete “Certification of Employment” (i.e. Annex I to Notes to Employers), check all submitted documents by the applicant.
2. Please assess whether the applicant concerned could apply for limited registration by meeting the eligibility criteria (a) to (f).
 - 2.1 To ascertain the fulfilment of criterion (a), please refer to the Part 8 on page 3 of the application form and “Character Reference(s)” on pages 5 to 6 of the application form as well as the certificate of standing or equivalent issued by each registration/licensing authority of a place outside Hong Kong with which he/she is currently/had been registered as a dentist.
 - 2.2 For criterion (b), please check the information as indicated in Part 4 on page 2 of the application form against the qualification certificate and transcript of qualification.
 - 2.3 For criterion (c), please refer to the information as indicated in Part 5 on page 2 of the application form as well as the documentary proof(s) of at least one-year full-time post-qualification clinical experience upon obtaining registration as a dentist in a place outside Hong Kong.
 - 2.4 For criterion (d), please check the information as indicated in Part 3 on page 1 of the application form and Part 6 on page 2 of the application form as well as certificate of registration or other document with a registration/licensing authority outside Hong Kong.
 - 2.5 For criterion (e), please check the information as indicated in Part 7 on page 2 of the application form.
 - 2.6 For criterion (f), please complete the “Certification of Employment” for the applicant.

3. Subject to meeting all the requirements for the application, the employing institution should send the applications of their potential employees whose eligibility can be preliminarily confirmed or ascertained in one batch to the Central Registration Office of the Department of Health with the following documents:
 - 3.1 a standardised covering letter (i.e. Annex II to Notes to Employers) signed by the authorised person of the employing institution confirming the applicants concerned have fulfilled the Council's requirements for limited registration and a list of applicants qualified with their full names in English and Chinese (if any); and
 - 3.2 one set of the following documents for each applicant:
 - 3.2.1 a duly completed application form for limited registration;
 - 3.2.2 a certified true copy of Hong Kong Identity Card/Passport;
 - 3.2.3 a certified true copy of qualification certificate;
 - 3.2.4 a certified true copy of transcript of qualification;
 - 3.2.5 a certified true copy of certificate of registration or other document evidencing the applicant's registration with a registration/licensing authority outside Hong Kong at the date of the application for limited registration (not applicable to applicant who is a person with limited/special registration when this application is made, or was such a person at any time before this application is made);
 - 3.2.6 a certified true copy of 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 the applicant's possession of adequate and relevant full time post-qualification clinical experience;
 - 3.2.7 four unmounted copies of a photograph (passport size) of the applicant;
 - 3.2.8 original references as to the applicant's character from 2 persons, not being the applicant's relatives, who have known the applicant for at least 12 months and who have the opportunity of judging the applicant's character;
 - 3.2.9 original certificate of standing or equivalent issued (within 3 months before the application) by EACH registration/licensing authority of a place outside Hong Kong with which the applicant is currently/had been registered as a dentist; and
 - 3.2.10 a duly completed Certification of Employment (i.e. Annex I to Notes to Employers).
4. The Central Registration Office and the Council will process the applications and liaise with the employing institution if there is any discrepancy or missing information. Commonly identified issues resulting in a delay of application include:
 - 4.1 incomplete information
 - 4.1.1 The applicant needs to fill out the application form entirely and submit **all** required documents;
 - 4.1.2 An application cannot be processed until **all** information and documents are received by the Council;
 - 4.1.3 Full name of the applicant instead of his/her abbreviated name should be used where necessary;

4.2 mismatched information between documents

4.2.1 Information such as names, date of birth, dates of education, etc. provided by the applicant must match with the supporting documents submitted by the training institute/registration authority;

4.2.2 Any discrepancies will need to be clarified before the application can be processed further;

4.3 lack of documentary proofs

4.3.1 The required documentary proofs and/or supplementary proofs are not provided;

4.3.2 The documentary proofs are in languages other than English/Chinese (if the original documents are in other languages, official/certified translation in English must be provided simultaneously).

5. Upon approval of the applications by the Council, the applicant will be informed of the result through their employing institution. Upon receipt of the prescribed fee, an approval letter, a certificate of registration and a practising certificate will be issued to each successful applicant. The Council will maintain and upload the list of dentists under limited registration to the website of the Council for public reference.

Enquiries

For enquiries, please contact the Council Secretariat at **(852) 2873 5862** during office hours, or by e-mail at dchk@dh.gov.hk.

The office hours of the Council Secretariat are as follows:

Mondays: 9:00 a.m. to 6:00 p.m. (*Lunch Hours: 1:00 p.m. to 2:00 p.m.*)

Tuesdays to Fridays: 9:00 a.m. to 5:45 p.m. (*Lunch Hours: 1:00 p.m. to 2:00 p.m.*)

Closed on Saturdays, Sundays and Public Holidays

April 2025

The Dental Council of Hong Kong
Application for Limited Registration
under Section 9C of the Dentists Registration Ordinance

Certification of Employment

To be completed by employing institution

This is a certificate of employment in support of the application of _____ (applicant's name) for limited registration under section 9C of the Dentists Registration Ordinance (Cap. 156, Laws of Hong Kong).

1. I confirm that the applicant has been selected for full-time employment on the following terms:

(a) Capacity of appointment:

(b) Department/Office of the employing institution in which the applicant will be working:

(c) Nature of duties to be performed:

(d) Terms of appointment:

New appointment/Renewal of contract[^]

Commencement date (from _____ to _____)

Date of first appointment: _____

Duration of previous appointments: _____

Number of renewals of contract: _____

(e) The applicant's remuneration will be paid predominantly by the employing institution.[^]

(f) The applicant will not spend more than 10% of time on seeing private patients.[^]

(g) Any other remarks: _____

[^] Please delete as appropriate.

2. Justifications

(a) Purpose of appointment:

(b) Justification for appointing the applicant:

(c) Reasons for employing a dentist with limited registration instead of a dentist with full registration:

(d) The specific areas of dental practice for which the limited registration is required:

(e) Consequences if this application is not approved:

(f) Any other remarks:

3. The application for limited registration is submitted on behalf of the applicant. One set of the following documents for the applicant is also enclosed:

- | | Please tick |
|---|--------------------------|
| (a) a duly completed application form for limited registration | <input type="checkbox"/> |
| (b) a certified true copy of Hong Kong Identity Card/Passport | <input type="checkbox"/> |
| (c) a certified true copy of qualification certificate | <input type="checkbox"/> |
| (d) a certified true copy of transcript of qualification | <input type="checkbox"/> |
| (e) a certified true copy of certificate of registration or other document evidencing the applicant's registration with a registration/licensing authority outside Hong Kong at the date of the application for limited registration <i>(not applicable to applicant who is a person with limited/special registration when this application is made, or was such a person at any time before this application is made)</i> | <input type="checkbox"/> |
| (f) a certified true copy of 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 the applicant's possession of adequate and relevant full time post-qualification clinical experience | <input type="checkbox"/> |

Please tick

- (g) four unmounted copies of a photograph (passport size) of the applicant

 - (h) original references as to the applicant's character from 2 persons, not being the applicant's relatives, who have known the applicant for at least 12 months and who have the opportunity of judging the applicant's character

 - (i) original certificate of standing or equivalent issued (within 3 months before the application) by EACH registration/licensing authority of a place outside Hong Kong with which the applicant is currently/had been registered as a dentist
4. I certify that I have **personally** checked the personal particulars, academic qualifications, professional qualifications and the post-qualification clinical experience in a clinic or hospital together with the supporting documents provided in the application form.
5. I certify that the applicant's qualifications meet the criteria for limited registration under the Dentists Registration Ordinance (Cap. 156, Laws of Hong Kong) and that the appointment is necessary and appropriate to meet the community's need for dental service and/or training.



Signature: _____

Name: _____
(in block letters)

Position: _____

Employing institution: _____

Address: _____

Date: _____

To: Central Registration Office, Boards & Councils Office, Department of Health
17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong

(Please mark "Application for Limited Registration under Section 9C of the Dentists Registration Ordinance" in the envelope)

Applications for Limited Registration

This is to confirm that the applicants as listed in Appendix have met all the requirements of the Dental Council of Hong Kong ("the Council") for limited registration, including the requirements of academic/professional qualifications and clinical experience.

The applications for limited registration are submitted on behalf of the applicants. One set of the following documents for each applicant is also enclosed:

- (a) a duly completed application form for limited registration;
- (b) a duly completed Certification of Employment;
- (c) a certified true copy of Hong Kong Identity Card/Passport;
- (d) a certified true copy of qualification certificate;
- (e) a certified true copy of transcript of qualification;
- (f) a certified true copy of certificate of registration or other document evidencing the applicant's registration with a registration/licensing authority outside Hong Kong at the date of the application for limited registration *(not applicable to applicant who is a person with limited/special registration when this application is made, or was such a person at any time before this application is made)*;
- (g) a certified true copy of 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 the applicant's possession of adequate and relevant full-time post-qualification clinical experience;
- (h) original references as to the applicant's character from 2 persons, not being the applicant's relatives, who have known the applicant for at least 12 months and who have the opportunity of judging the applicant's character;
- (i) original certificate of standing or equivalent issued (within 3 months before the application) by EACH registration/licensing authority of a place outside Hong Kong with which the applicant is currently/had been registered as a dentist; and
- (j) four unmounted copies of a photograph (passport size) of the applicant.

Signature: _____

Name: _____
(in block letters)

Position: _____

Employing institution: _____

Telephone no.: _____

Email address: _____

Date: _____

List of Applicants Qualified for Limited Registration

	Name in English	Name in Chinese (if any)	Type of Appointment ^{Note 1} (i.e. (i) or (ii))	Year of Registration outside Hong Kong	Year of Full-time Post-Qualification Clinical Experience ^{Note 2} (e.g. 3 Y 3 M)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes:

- 1) Please fill in either **(i)** or **(ii)** with reference to the following:
 - (i) new employment under limited registration; or
 - (ii) renewal of employment contract.

- 2) Please fill in the total number of years of full-time post-qualification clinical experience in the format of “xx Years xx Months”.