CME/CPD Program
Attendance Form (for Participants)

Date: _____ Time: _____ (to): _____ <Approved Duration> _____ Hours Page: No. ____ of ____

CDSHK Reply Form No. _____ DCHK Reply Form No.: _____

Title of Meeting: _____

Organizer: _____

Mode of attendance: ❒ Online (with live streaming only) ❒ Online (on demand only) ❒ Physical attendance only ❒ Dual mode

Venue: _____

Contact Person: _____ Post Title: _____ Phone No. _____ Fax No.: _____

CDSHK (CME/CPD Points)

_____ Points

Category (Please ✓)

A ❒ B ❒ C ❒

DCHK (CPD Points)

_____ Point(s)

Including

_____ Core Point(s)

Core CPD Activities

i) Infection control; **ii)** Medical conditions in relation to dentistry and medical emergency; **iii)** Records and consent; **iv)** Dental ethics and Jurisprudence; **v)** Quality assurance including complaint handling and risk management; **vi)** Communication; **vii)** Dental practice inspection; **viii)** Legal and professional compliance; **ix)** Dental and medical public health issue of local relevance; **x)** Occupation health and safety; **xi**) Special needs dentistry including geriatric dentistry; **xii)** Radiology & radiography

Full Name of Participant	Dental Council Registration No. (if applicable)	CME / CPD Administrator *Please ✓ appropriate and select **ONE** only								Signature
		CDSHK Fellows / Specialists	CDSHK MGD Holders	CDSHK Higher Trainees	CDSHK Basic Trainees	CDSHK Non Members	Dept of Health	Faculty of Dentistry HKU	HKDA	

Organizers are required to submit the Excel attendance sheet to facilitate the efficient upload of participant records
Please return the completed form to **ALL** the following CME/CPD Administrators within 2 weeks after the event

Version: July 2026

The College of Dental Surgeons of Hong Kong	Dental Services, Department of Health	Faculty of Dentistry, The University of Hong Kong	Hong Kong Dental Association Ltd.
Email: cme_cpd@cdshk.org	Email: aco3_td@dh.gov.hk	Email: cdep@hku.hk	Email: cpd@hkda.org

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