Continuing Professional Development Programme ("CPD") of the Dental Council of Hong Kong

CPD Accreditation Form

Application No. (For official use only) _____

Please send the completed form to **ALL** three organizations for processing:

The College of Dental Surgeons of Hong Kong (CDSHK)	Faculty of Dentistry, HKU (FD, HKU)	Hong Kong Dental Association Ltd. (HKDA)
cme_cpd@cdshk.org	cdep@hku.hk	cpd@hkda.org

(Part I to IV to be completed by CPD Programme Providers)

I. Particulars of Applicant

Organiser(s) : _____

Contact person and Post Title : _____

Phone No. : _____

Email Address : _____

II. Details of the CPD Activity

Course Name : _____

Speaker(s) : _____

Event Date : _____

Event Time : _____

Venue : _____

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

Attendance Verification Method : _____

Core Area (if any) :
- ❒ Infection control
- ❒ Medical conditions in relation to dentistry and medical emergency
- ❒ Records and consent
- ❒ Dental ethics and jurisprudence
- ❒ Quality assurance including complaint handling and risk management
- ❒ Communication
- ❒ Dental practice inspection
- ❒ Legal and professional compliance
- ❒ Dental and medical public health issue of local relevance
- ❒ Occupation health and safety
- ❒ Special needs dentistry including geriatric dentistry
- ❒ Radiology and radiography

Remarks : _____

III. Points to Note

CPD Programme Providers should submit to the CPD Programme Accreditor/Accreditation Panel synopsis of activity and any other information as necessary, such as information on sponsorship.

IV. Declaration

I hereby confirm that:

- ❒ a proper attendance verification process will be in place.
- ❒ the activity has / has not* received sponsorship. If the activity involves sponsorship, the principles set out at Annex to Appendix VIII have been duly observed.
- ❒ all the requirements set out in the Guidelines on the CPD Programme will be complied with.

Signature : _____

Name : _____

Date : _____

* Please delete when inapplicable

Remarks: To apply for CDSHK CME points, please complete and submit the CME Accreditation Application Form through the e-CME system (https://members.cdshk.org) for processing.

V. Details of the Accreditation (For official use only)
(to be completed by CPD Programme Accreditors/Accreditation Panel)

Reply Form No.

Name of CPD Programme Accreditor/Accreditation Panel : _____

CPD Points : _____ Point(s); including _____ Core Point(s)

Core Area (if any) :

- ❒ Infection control
- ❒ Medical conditions in relation to dentistry and medical emergency
- ❒ Records and consent
- ❒ Dental ethics and jurisprudence
- ❒ Quality assurance including complaint handling and risk management
- ❒ Communication
- ❒ Dental practice inspection
- ❒ Legal and professional compliance
- ❒ Dental and medical public health issue of local relevance
- ❒ Occupation health and safety
- ❒ Special needs dentistry including geriatric dentistry
- ❒ Radiology and radiography

❒ Application Rejected : Reasons:- _____

Remarks : _____

Signature : _____

Name : _____

Date : _____