

**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) <i>(to be completed by CPD Programme Accreditors/Accreditation Panel)</i>	<u>Reply Form No.</u>
Name of CPD Programme : _____ Accreditor/Accreditation Panel : _____	
CPD Points : _____ Point(s); including _____ Core Point(s)	
Core Area (if any) : <input type="checkbox"/> Infection control <input type="checkbox"/> Medical conditions in relation to dentistry and medical emergency <input type="checkbox"/> Records and consent <input type="checkbox"/> Dental ethics and jurisprudence <input type="checkbox"/> Quality assurance including complaint handling and risk management <input type="checkbox"/> Communication <input type="checkbox"/> Dental practice inspection <input type="checkbox"/> Legal and professional compliance <input type="checkbox"/> Dental and medical public health issue of local relevance <input type="checkbox"/> Occupation health and safety <input type="checkbox"/> Special needs dentistry including geriatric dentistry <input type="checkbox"/> Radiology and radiography	
<input type="checkbox"/> Application Rejected : Reasons:- _____	
Remarks : _____	
Signature : _____	
Name : _____	
Date : _____	