The Dental Council of Hong Kong (DCHK)
Mandatory Continuing Professional Development (CPD) Programme for
Registered Dentists with Full Registration / Limited Registration / Special Registration
CPD Administration Enrollment Form (Cycle 01-07-2026 to 30-06-2027)

*Name in English: _____ _____
(Surname) (First Name)

Name in Chinese: _____

*DCHK Registration Number: _____ *Date of first registration with DCHK (only for dentists who registered in or after 2026) _____

❑ **Full Registration** ❑ **Limited Registration** ❑ **Special Registration**

Correspondence Address: _____

*Contact Number: _____ (Office) _____ (Mobile)

*Email: _____ Fax number: _____

**Please provide accurate information, as incorrect details may result in processing delays*.

Please select **ONLY ONE** of the following Administrators (put a "✓" in the box provided):

	Administrators
☐	**The College of Dental Surgeons of Hong Kong (CDSHK)** Tel: 2871 8732 Email: **cme_cpd@cdshk.org** *CDSHK Member no.: **CDS-M0** **Enrolment Fee:** ☐ **Waived** *CDSHK paid-up Fellows/ Non-Fellow Specialists / Members / MGD Holders/ Higher or Basic Trainees ***(Please send the completed form to cme_cpd@cdshk.org, otherwise, CPD records will not be automatically counted.)*** ☐ **HK$8,000** Non-CDSHK Fellows or Members ***(Please mail the completed form and cheque payment to the below address.)*** **A surcharge of HK$3,000 will be incurred if application is received after 31 October 2026.** **Cheque payable to:** **"The College of Dental Surgeons of Hong Kong"** **Send to:** Room 902, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
☐	**Department of Health (DH)** Tel: 2961 8970 Fax: 2573 6853 **Remarks:** Applicable for Government Dental Officer only. No fee required. P.S.: This form must be submitted and sent by fax to DH for registration, otherwise, CPD records will not be automatically counted.
☐	**Faculty of Dentistry, The University of Hong Kong (FD, HKU)** Tel: 2859 0216 Email: **cdep@hku.hk** FDHKU _____ ☐ **HK$3,700** **Cheque payable to:** **"The University of Hong Kong"** **Send to:** HKU Faculty of Dentistry, 7B39, Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong
☐	**Hong Kong Dental Association (HKDA)** Tel: 2528 5327 Email: **cpd@hkda.org** *HKDA Membership No. DA _____ **Enrolment Fee:** ☐ **HK$700** *HKDA Paid-up Members &Life Members ☐ **HK$4,000** Non-HKDA Members (including non-Paid-up Members) ***A surcharge of HK$2,000 will apply to all enrollees who enroll after the third month of the CPD cycle (i.e. after 30 September 2026); this does not apply to newly registered dentists.** **Cheque payable to:** **"Hong Kong Dental Association Limited"** **Send to:** Hong Kong Dental Association Limited, 8/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

Remarks:

1.	**The completion of this form with a crossed cheque are mandatory for processing, please send it to the selected Administrator.**
2.	**An incomplete application form will not be processed.**
3.	**The surcharge date will be determined by the postal date or the date of the payment is received. A surcharge will be applied after the specified date. Inadequate payments will not be processed.**

Disclaimers:

1. Data Accuracy and Third-Party Records

- The Administrator shall not be held liable for any inaccuracies, omissions, or discrepancies in the enrollee's CPD record resulting from factors beyond the Administrator's direct control. This includes, but is not limited to, the course provider's failure to submit attendance records or necessary documents, the enrollee's failure to sign-in/out (as required) or failure to provide necessary documents, within the timeframe specified in the DCHK Guidelines on Mandatory CPD Programme for Registered Dentists (DCHK Guidelines).
- The enrollee shall be responsible for checking the accuracy and completeness of his/her CPD record regularly and shall notify the Administrator of any discrepancy promptly.
- The Administrator is not responsible for the quality, contents, or professional relevance of courses provided by third-party organisers. Recognition of CPD points does not constitute an endorsement of the course contents.

2. Communication and Technology

- All official correspondence on CPD updates and alerts will be dispatched by the Administrators **via email only** ***(except DH*** *which will dispatch updates via internal mail only)*. It is the sole responsibility of the enrollee to provide a valid functional email address, to notify the Administrator of the change in email address, and to regularly check their email inbox (including the spam folder).
- The Administrator is not liable for any failure in the delivery of communications caused by technical issues, full mailboxes, or restrictive security filters on the enrollee's end.

3. Compliance and Deadlines

- Appointed CPD Programme Providers (for Cat. I and II CPD activities)/ Enrollees (for Cat. III and IV CPD activities) are responsible for submitting/ arranging submission of the required documents to the Administrator after completion of the CPD activities within the timeframe specified in the DCHK Guidelines. ***The Administrator reserves the right to reject handling late submissions***.
- The Administrator reserves the right of interpretation regarding the eligibility of any activity for awarding CPD points, in accordance with the DCHK Guidelines.

4. Financials and Cancellations

- Where the CPD administration fee is applicable, once the payment is made, it cannot be refunded or transferred unless the enrollment is rejected by the selected Administrator.
- The Administrator reserves the right to modify the administrative procedures, fee structures, or reporting platforms with prior notice.

5. Personal Data and Privacy

- By enrolling in this service, the enrollee consents to the Administrator collecting and processing personal data for the purpose of CPD programme administration.
- The enrollee acknowledges that the Administrator will need to use and/ or transfer to the relevant CPD programme providers/ authorities/ institutions (if necessary) your personal data/ CPD status for the purposes of CPD programme administration.

Please complete the following:
(Please ensure that the Payee's Name is correct when issuing the cheque)

Cheque number:	**Amount:**
Bank:	

By signing and returning this form, I have read, understood, and agree to the remarks and the disclaimers listed above.

_____ _____

(Signature of Enrollee) (Date)