呈交文件核對清單
Checklist of Supporting Documents

1. ☐ 經公證人核證的身份證或護照的副本
notarized copy of your identity card or passport

2. ☐ 曾修讀牙科課程紀錄的正本或經公證人核證的副本，即一份列明你在每年度修讀牙科課程的成績單
original or notarized copy of your record of study in dentistry, i.e. a transcript of the courses taken by you in each year

3. ☐ 經公證人核證的牙科畢業證書的副本(即修畢基本的牙科資格)
notarized copy of your dental diploma, i.e. primary dental qualification

4. 適用於從沒有在任何地方的牙醫管理委員會／管理局註冊
For applicant who has never been registered with any dental board/council

☐ 由所畢業牙科醫學院校長或授權人所發出的良好品格證明書的正本以證明你在接受牙科訓練時的良好品格。
original of documentary evidence testifying that you were of good character during your dental training – a certificate of good character issued by the Dean or authorized person of your dental school.

5. 適用於現時為註冊牙醫
For applicant who is currently a registered dentist

☐ 由有關的牙醫管理委員會或管理局發出的文件的正本或經公證人核證的副本，以證明你現時的牙醫執業資格。
original or notarized copy of documentary evidence of your current eligibility to practise dentistry, granted by the dental council/board with which you are currently registered.

☐ 由**每個**曾經註冊的牙醫管理委員會或管理局[註]發出的「良好聲譽證明書」的正本 (任何已經發出超三個過月的證明書將被視作無效)。
original of documentary evidence testifying that you are of good character – a certificate of good standing issued by **each** dental council/board [Note] of which you are / had been registered with (any certificate issued for more than 3 months will be counted invalid).

6. 適用於現時並非為註冊牙醫但過去曾在其他牙醫管理委員會或管理局註冊
For applicant who is not a registered dentist and had been registered with any dental board/council before

☐ 由每個曾經註冊的牙醫管理委員會或管理局[註]發出的「良好聲譽證明書」的正本(任何已經發出超過三個月的證明書將被視作無效)。
original of documentary evidence testifying that you were of good character during the period you were registered – a certificate of good standing issued by **each** dental council/board [Note] of which you had been registered with (any certificate issued for more than 3 months will be counted invalid).

若任何一份上述文件 (文件(2)至(6)) 並非以中文或英文撰寫，則申請人另需就該文件提供已核實的英文翻譯版。
If any of the above documents (items (2) to (6)) are not written in Chinese or English, a properly authenticated English version should also be provided.

申請人須**郵寄或親身**將上述申請表格及證明文件呈交香港牙醫管理委員會秘書處。
Applicant should submit his/her application form and supporting documents to the Secretariat of the Dental Council of Hong Kong **by post or in person**.

地址:
香港黃竹坑道 99 號
香港醫學專科學院賽馬會大樓 4 樓
香港牙醫管理委員會秘書

Address:
Secretary, Dental Council of Hong Kong
4/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Hong Kong

註 : 由僱用機構 / 牙科診所 / 牙科醫院發出的證明書將不予受理。
Note: Certificates issued by the employing institutions / dental clinics / dental hospitals will not be accepted.

注意: ☐請在適當方格內填上「✓」號
Note: ☐Please tick as appropriate

用途聲明

收集資料的目的

1. 個人向香港牙醫管理委員會提供個人資料，是用作申請報考香港牙醫管理委員會舉辦的許可試。個人資料的提供，出於自願。可是，如果你不提供充份資料，我們可能無法處理你的申請。

接受轉介人的類別

2. 你所提供的個人資料，主要由香港牙醫管理委員會內部使用，但亦可能因以上第一段所列目的，向其他政府政策局／部門、中介機構或行政管理機構披露。你的個人資料祇會在你同意，又或是《個人資料 （私隱）條例》所容許下，才會向其他人士披露。

查閱個人資料

3. 根據《個人資料（私隱）條例》第18條及22條以及附表1第6原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第1段所述的情況所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。

查詢

4. 有關所提供個人資料（包括查閱及修正該等資料）的查詢，應送交：

香港黃竹坑道99號
香港醫學專科學院賽馬會大樓4樓
香港牙醫管理委員會秘書
電話：(852) 2873 5862
傳真：(852) 2554 0577

Statement of Purposes

Purpose of Collection

1. The personal data are provided by individual to the Dental Council of Hong Kong for the purpose of application to sit the Licensing Examination. The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to process your application to sit the Licensing Examination.

Classes of Transferees

2. The personal data you provide are mainly for use within the Dental Council of Hong Kong but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Such data will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to :

Secretary, Dental Council of Hong Kong
4/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Hong Kong
Tel No.: (852) 2873 5862
Fax No.: (852) 2554 0577