

Dentists

FORM A

(Regulation 5)

THE DENTAL ACT
APPLICATION FOR REGISTRATION AS A DENTIST

To the Dental Council of Jamaica

Name of Applicant
(Surname first, block letters)

Address (1)

Date of Birth..... Place of Birth.....

Nationality.....

Intended place of practice or employment.....

Qualifications:

Degree or Diploma.....Date granted (2)

Institution.....

Address.....

Postgraduate qualification.....Date.....

COUNTRIES OR INSTITUTIONS (in which you have practised since qualifying)	FROM	DATE	TO
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In what countries, states or provinces are you now registered or entitled to practice as a Dentist? (3)

Has your registration or entitlement to practice as a Dentist ever been cancelled or suspended?

If so, for what reason, and on what date?

Names and addresses of three character referees:

1.
2.
3.

I enclose:

- (a) Certified (notarized) copies of diploma or degree and of current registration (if applicable); certified translation must accompany all credentials not in English.
- (b) Applicable fee, (4).
- (c) 2" x 2" passport type photograph,

I hereby apply to be registered as a Dentist and declare that I am the person named in the enclosed diplomas or certificates and that the above information is true and correct.

.....
Signature of Applicant

.....
Date

(To be completed by a Dentist or Medical Practitioner registered in Jamaica or by a person of standing in the country of residence of the applicant who has known the applicant for at least a year.)

Iof.....
(full name, block letters)

certify that I have been acquainted with the applicant for.....
years and that he/she is of good character.

Date..... Signed.....

Address.....

Qualification.....

Notes:

- (1) The Registrar must be notified of any subsequent change of address.
- (2) Recent graduates must request the Dean of their institution to write directly to the Council to assure the Council that the applicant is a *bona fide* graduate.
- (3) All other applicants must request their current registering body to write directly to the Council, stating the applicant is a dentist in good standing. This requirement need not be met by those seeking temporary registration.
- (4) Examination Fee: \$100 Registration/Application Fee: \$200
(Temporary Registration Fee: \$100)

To be completed by the Registrar

Type registration: FullTemporary.....

Date registered or application refused.....

Registration number, if full registration.....

Date and number of Gazette notice in which registration published.....

Reason for refusal, if refused.....

.....
Signature of Registrar

.....
Name (Block Letters)

.....
Date

Submit to: REGISTRAR
DENTAL COUNCIL OF JAMAICA.