

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

Table with 3 columns: COUNTRIES OR INSTITUTIONS (in which you have practised since qualifying), FROM, DATE, TO

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.....

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Reason for refusal, if refused.....

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.....
Signature of Registrar

.....
Name (Block Letters)

.....
Date

Submit to: REGISTRAR
DENTAL COUNCIL OF JAMAICA.