

Dentists

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)	DATE	
	FROM	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