

(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.)

I ..... of .....  
(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: Full .....Temporary.....

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.