

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

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.)

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.

FORM A

THE PROFESSIONS SUPPLEMENTARY TO MEDICINE ACT, 1963

APPLICATION FOR ADMISSION TO THE REGISTER OF:

- | | |
|--|-----|
| MEDICAL LABORATORY TECHNOLOGISTS | [] |
| RADIOGRAPHERS | [] |
| PHYSIOTHERAPISTS | [] |
| OCCUPATIONAL THERAPISTS | [] |
| MEDICAL DIETITIANS/NUTRITIONISTS | [] |
| SPEECH THERAPISTS/AUDIOLOGISTS | [] |
| DIETETIC ASSISTANTS/NUTRITION ASSISTANTS | [] |
| PUBLIC HEALTH INSPECTORS | [] |

NAME OF APPLICANT:
(IN BLOCK LETTERS)

SURNAME

CHRISTIAN & FORENAME(S)

STATE WHETHER

() Single () Married () Divorced () Widowed

Married female applicants: Please state maiden name and furnish relevant documents

DATE AND PLACE OF BIRTH: _____

NATIONALITY: _____

CURRENT ADDRESS:

(This should be an address at which you are certain to receive communication sent to you).

CONTACT NUMBER(S): _____

PRACTICE ADDRESS:

(Address of place or institution in which profession is practised)

QUALIFICATION(S): _____

SPECIAL AWARD(S): _____

(PLEASE TURN OVER)

FORWARDED HERewith ARE THE FOLLOWING:

1. CERTIFICATES (OR CERTIFIED COPIES THEREOF):

2. CHARACTER REFERENCES FROM TWO REFEREES - One MUST BE FROM A PERSON IN GOOD STANDING IN THE APPLICANT'S PROFESSION
3. ONE PASSPORT SIZE PHOTOGRAPH

PLEASE STATE:

1. ARE YOU FLUENT IN THE USE OF THE ENGLISH LANGUAGE? [] YES [] NO
2. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? [] YES [] NO
(If "YES" give details)
3. HAVE YOU EVER BEEN FOUND GUILTY OF PROFESSIONAL MISCONDUCT?
(If "YES" give details) [] YES [] NO

I DECLARE THAT THE FOREGOING PARTICULARS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NOT MADE A PREVIOUS APPLICATION AND I HAVE READ THE COUNCIL'S GUIDELINE ON INFAMOUS CONDUCT. I ENCLOSE THE AMOUNT OF _____ DOLLARS AND I HEREBY APPLY FOR REGISTRATION IN THE REGISTER FOR _____ AND I PROMISE, IN THE EVENT OF MY BEING REGISTERED, AND IN THE CONSIDERATION THEREOF, TO BE BOUND BY AND TO CONFORM IN ALL RESPECTS TO THE REGULATIONS RELATING TO _____ FOR THE TIME BEING IN FORCE.

SIGNATURE OF APPLICANT

DATE

Return completed form to:

**The Registrar
Professions Supplementary to Medicine
5th Floor, Occasia Complex
2-4 King Street, Kingston,
JAMAICA, WEST INDIES**

FOR OFFICE USE ONLY	
DOCUMENTS RECEIVED	
REGISTRATION FEE (\$ _____)	CHEQUE <input type="checkbox"/>
	CASH <input type="checkbox"/>
REGISTRATION DATE _____	
CERTIFICATE NO. _____	
DATE COLLECTED/DISPACHED _____	

VERIFIED	APPROVED	DEFERRED	REJECTED