

PROFESSIONAL REGISTRATION FOR SHORT TERM VOLUNTEERS

SHORT TERM VOLUNTEER NAME _____

Applicant's Address _____

Date _____

REGISTRAR

DENTAL COUNCIL OF JAMAICA

I, _____, apply for special registration as a
_____ (Hygienist or Dentist), in order to volunteer my services for
the period of _____ to _____ at St. James
Dental Unit, in the civil parish of St. James.

My local contact person is:

NAME: _____

ADDRESS: _____

TEL. NO.: _____

Sponsor Signature

I recommend the above:

Signature

Position/Local Health Authority

Date

Signature

Position, Head Office, Ministry of Health

Date