

THE DENTAL ACT

APPLICATION FOR REGISTRATION AS A DENTIST

To the Dental Council of Jamaica

Name of Applicant _____

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 practiced 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