**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 Lucea Dental Unit, in the civil parish of Hanover.

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 |
|---|---|---|