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. Ann Dental Unit, in the civil parish of St. Ann.

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