

**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
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In what countries, states or provinces are you now registered or entitled to practice as a Dentist? (3)

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.....

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