

REGISTRATION IN THE REGISTER OF DENTAL SPECIALISTS

Registration Details

(Please complete in BLOCK letters)

Applicant's surname/family name _____

Applicant's first name/s _____

Registration number in the Register of Dentists _____

Address for inclusion in the Register _____

(Please note that if the address above differs from the one we hold for you in the Register of Dentists, both Registers will be updated to the address provided. The Registers are public information)

Email Address _____

(Your email address will be used to contact you throughout the registration process.)

Which division of the Register of Dental Specialists are you applying for?

(Please tick the appropriate box below)

- Oral Surgery
- Orthodontics

SPECIALIST TRAINING DETAILS

Please list any qualifications or examinations that you have obtained in your chosen speciality and which you would like considered in your application for specialist registration.

You must supply documentary evidence of the information you wish to be considered.

Qualification obtained:	
Granting Authority (training institution):	
Duration of training (dates to and from):	
Date of Award:	

Qualification obtained:	
Granting Authority (training institution):	
Duration of training (dates to and from):	
Date of Award:	

Extra information and qualifications:

If training was other than full-time please give details:

Declaration

I hereby declare that:

- a) The above information and the documentation which I furnish in support of my application and upon which I am relying is true and accurate to the best of my knowledge and belief.
- b) I acknowledge that the granting of registration in the Register of Dental Specialists is at the discretion of the Dental Council under the provisions of the Dentists Act 1985.
- c) I consent and give authority to the Dental Council to make any inquiry with any person or body in pursuance to my application for registration in the Register of Dental Specialists;

Signed: _____

Date: _____

It is an offence for a person to make a false declaration for the purpose of obtaining registration. Any person who furnishes or attempts to furnish fraudulent or altered documents/certificates may be prosecuted.

**Completed application forms and supporting documents should be forwarded to;
Dental Council, Registration Department, 57 Merrion Square, Dublin 2.**