

**APPLICATION FORM FOR TEMPORARY REGISTRATION IN THE REGISTER OF**

**DENTISTS UNDER SECTION 28 OF THE DENTISTS ACT 1985**

**IMPORTANT INFORMATION**

- To be admitted to Temporary Registration you must have obtained:
  - a full-time clinical position in an approved institution;
  - a position on a Dental Council approved full-time clinical postgraduate programme;
  - or
  - a full-time research position in an Irish dental hospital.
  
- The completed application form, documentation and fee must reach the Dental Council at least three months prior to the date from which temporary registration is requested.
  
- 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 have their application refused.
  
- The dates noted on your application form in Part B must not exceed one year unless you are taking part in a full time post graduate programme.
  
- Extensions to your temporary registration can be made. You must complete an extension of temporary registration form and this should be submitted no less than two months before your new post is due to start or two months before your current post is due to expire.
  
- Each application for extension of temporary registration must be accompanied by €220 registration fee, regardless of the length of the post.
  
- Temporary Registration is granted for a maximum period of 5 years, cumulative.
  
- Please make a note of your temporary registration expiry date. You will find this information on your Certificate of Temporary Registration once the process has been completed. You will not receive a reminder of your expiry date, however, your name will be removed from the Register on this date.
  
- You are not entitled to practise dentistry, in any capacity, in the State after your temporary registration has expired or before it has been processed.

### Application check List

- €220.00 Temporary Registration Fee** - This fee can be paid via our online payment system. Please see “payments and online fees” under the registration menu on our homepage or the “pay now” button on any of the registration pages of our website. Please ensure that you choose the correct payment under “Application fees” select “Temporary Registration Application Fee” to avoid unnecessary refunds and **print a copy of your receipt** to attach to your application. We will also accept a personal cheque as an alternative method of payment.
- Application Form** – Please format all dates as DD/MM/YYYY. A scanned or photocopied version of any section of the completed application form will not be accepted. Please provide us with an address that we can contact you at.
  - Part A** – this section must be completed and signed by you. You must submit the original application. The signature on the application form should match that on your passport. You can skip the work history section of the application once a, detailed, curriculum vitae is submitted.
  - Part B** – this section must be completed by the institution/hospital you will be employed with. It must contain the signature and stamp of your employer. The dates provided to us on this page will indicate the period of temporary registration requested.
  - Part C** – this section must be completed and signed by your supervising consultant.
- Statement** – You must complete and sign a statement outlining all regulatory bodies you have previously been, and are currently, registered with (the statement to be completed can be found on our website [www.dentalcouncil.ie](http://www.dentalcouncil.ie)).
- Curriculum Vitae** – This should include your work experience from the time you graduated with your BDS and should include start and finish dates, name and full address of employer/practice and the grade or title of your post. Please format all dates as DD/MM/YYYY. Gaps in your work history should be explained (i.e. travelling, maternity leave etc.)
- Copy of Degree Certificate** – Photocopy of your original **official Degree Certificate** that has been signed by the dean and stamped by the University.
- Letters of Good Standing** – You must submit the original letters. All Letters of Good Standing have a 3 month life span and must be in date when making an application. You must submit Letters of Good Standing from all Regulatory bodies/Competent Authorities, you have been or are currently, registered with.
- Photocopy of passport** – This is used for identification purposes. It must be a clear photocopy of your passport and your signature must be visible.
- Translations** - Any documentation submitted, if in a language other than in English, should be translated into the English language and duly notarised. Both the original requested document and its original translation should be forwarded. Notarised translations must be an exact translation of the source material. They must always include a clause from the translator, together with the translator's seal affixed and must be certified by the translator's signature. A copy of the document that has been translated must be bound to its notarised translation by the translator, making it clear that he/she has made the translation from the specific document in question.

**APPLICATION FORM FOR TEMPORARY REGISTRATION IN THE REGISTER OF DENTISTS**

**PART A:** Page 1:

TO BE COMPLETED BY THE APPLICANT

Family name/surname \_\_\_\_\_

First name/s \_\_\_\_\_

Other names \_\_\_\_\_

Address for inclusion in the Register: \_\_\_\_\_

\_\_\_\_\_

*(Please note that you are required to supply an address for inclusion in the Register. The Register is public information and, therefore, you may want your practice address listed)*

Email address: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Place of Birth (Country) \_\_\_\_\_

Nationality \_\_\_\_\_

**QUALIFICATIONS**

Title of degree or other qualification	Full name of university or training institution	Years of study	Date of degree

**EMPLOYMENT RECORD (from date of graduation up to date)**

From	Date - To	Details of practice and Location	Grade or Title of post (if relevant)

**\*\*\* Please attach a detailed curriculum vitae if you've had more than one employer/position. \*\*\***

**PART A:** Page 2

I apply for temporary registration in the Register of Dentists for Ireland for the following purpose (Tick appropriate box):

- Undertaking a full-time clinical post graduate programme
- Undertaking a full-time clinical research appointment
- Undertaking a full-time clinical position in an approved institution

**PLEASE NOTE;**

**If you intend to take part in the Dental Council Examination, for the purpose of full registration, your temporary registration position must encompass at least 6 clinical sessions per week for the full duration of your appointment.**

I understand that the admission to temporary registration in the Register of Dentists confers no right of entry into Ireland nor any entitlement to a work permit. I understand that temporary registration is granted only for the position detailed in Part B and that I must re-apply for temporary registration if I wish to change employment and/or supervising consultant. Furthermore, I wish to confirm that I have read and I understand the information provided to me at the beginning of this application form, under the title "important information".

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B:**

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

This section must be signed by the chief officer of the hospital or a deputy duly authorised by the hospital authority.

(Please complete this form in block capitals and format dates as DD/MM/YYYY)

I certify that the applicant (named in Part A) \_\_\_\_\_  
has been offered, a full-time clinical position, as \_\_\_\_\_  
in \_\_\_\_\_ hospital/University  
for the period \_\_\_\_\_ to \_\_\_\_\_.

Please tick the appropriate box in relation the applicant's appointment;

- The post granted to the applicant (named in Part A) will encompass at least, 6 clinical sessions per week for the duration on their appointment.
- The post granted to the applicant (named in Part A) will not encompass at least, 6 clinical sessions per week for the duration on their appointment.

I understand that it is the responsibility of the hospital to ensure that the applicant, if granted temporary registration, will carry out his/her duties under the supervision of \_\_\_\_\_, who is a registered dentist, holding a consultant appointment in this hospital. Furthermore, I understand that the above named applicant will not be permitted to continue in this position following the expiry of their period of temporary registration.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Please print official stamp here
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**PART C:**

TO BE COMPLETED BY THE CONSULTANT NAMED IN PART B

I understand that the applicant in Part A, if granted temporary registration, will practise dentistry under my supervision.

I understand that if an application is made for a further period of temporary registration, I will be required to certify the applicant's competence to practise dentistry under consultant supervision.

I confirm that I am a registered dentist, registration number \_\_\_\_\_, and I currently hold a consultant appointment in \_\_\_\_\_ hospital/University.

Please tick the appropriate box in relation the applicant's appointment;

- The post granted to the applicant (named in Part A) will encompass at least, 6 clinical sessions per week for the duration on their appointment.
- The post granted to the applicant (named in Part A) will not encompass at least, 6 clinical sessions per week for the duration on their appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ (please print your name clearly)