

Statement for the Dental Council of Ireland



I _____ First Name and Surname _____ wish to declare that I am, and/or have been, registered with the following regulatory bodies;

Name of Regulator	Address of Regulator	Initial registration date	Registered until
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY

I further confirm that I have listed all the regulatory bodies that I have ever been registered with in the past and present. I understand that a false statement to the Dental Council could result in my being removed from the Register of Clinical Dental Technicians.

Signed; _____

Date;

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---