

**An Chomhairle Fiaclóireachta  
Dental Council**

**Register of Dental  
Nurses**

**Information Leaflet**

**and**

**Application Form**

**57 MERRION SQUARE  
DUBLIN 2**

# DENTAL COUNCIL

AN CHOMHAIRLE FIACLÓIREACHTA

## DENTAL NURSE

### Scheme:

The Dental Council, in exercise of the powers conferred on it by Section 53 of the Dentists Act 1985 has, with the consent of the Minister for Health and Children, made a scheme for the establishment of a class of auxiliary dental worker to be known as a Dental Nurse.

### Registration:

In accordance with the provisions of this scheme the Council has established a Register of Dental Nurses.

Registration in the Register of Dental Nurses will be available to:

- (a) a person who holds a qualification in dental nursing awarded by one of the following:

The Dublin Dental Hospital  
The University of Dublin  
The University Dental School & Hospital Cork  
The National University of Ireland Cork

- (b) a person who holds a qualification in dental nursing awarded by the National Examining Board for Dental Nurses in the United Kingdom.
- (c) a person who holds a qualification in dental nursing which in the opinion of the Council is equivalent to that specified at (a) or (b) above.

### Applications:

Please see the Dental Council website, [www.dentalcouncil.ie](http://www.dentalcouncil.ie), for updated information on the Dental Nurse registration process. You will find a list of information you must submit in support of your application for registration. Please see the registration tab > Dental Nurses > Application Details.

### Fees:

The fee for initial registration of a name on the Register of Dental Nurses is €15.00. This fee should accompany applications for registration. A fee to maintain your name on the register is required annually and the retention fee year for all auxiliary dental workers runs from 1 September until the 31 August.

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## FORM OF APPLICATION FOR REGISTRATION IN THE REGISTER OF DENTAL NURSES

1. Applicants name in full \_\_\_\_\_  
(BLOCK CAPITALS)

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

Email Address \_\_\_\_\_

2. Address for inclusion in the Register

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Qualification held by the applicant which confers entitlement to registration in the Register of Dental Nurses.

Qualification \_\_\_\_\_

Granting Authority/University \_\_\_\_\_

Date Granted \_\_\_\_\_

Documents submitted as evidence of lawful possession of the qualification (s).

\_\_\_\_\_  
\_\_\_\_\_

4. I declare that the foregoing particulars in respect of my application are correct.

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