

# Letter of Good Standing Request Form

## New Graduates of UCC and DDUH



First name	
Middle name/s	
Surname/Family name	
Any other names	

Date of birth	
Place of birth	
Nationality	

Email address	
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Address for correspondence	Address you would like your Letter of Good Standing to be sent to

Note to the Dental Council
(If you require any further information or wish to add to your request, please make a note of it here)

Qualification obtained	
Granting University	
Qualification date	

I wish to confirm that, to the best of my knowledge, the information provided above is true and accurate. I further confirm that I have not qualified as a dentist in any other jurisdiction, other than the one listed above.

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

Date:

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### **Additional information to accompany this request form;**

1. Photocopy of your Degree Certificate (Latin Version)
2. Photocopy of your passport
3. Character Reference from the Head or Dean of your University (photocopy not acceptable)

Please note that requesting a Letter of Good Standing does not mean that you are registered with the Dental Council of Ireland.