

DENTAL COUNCIL EXAMINATION FOR DENTAL HYGIENISTS WHO HAVE TRAINED OTHER THAN IN IRELAND OR THE UNITED KINGDOM.

1. Under the provisions of the Scheme for the Establishment of a class of Auxiliary Dental Worker to be known as Dental Hygienist, approved by the Minister for Health and Children in 1990, registration in the Register of Dental Hygienists is available to persons holding a recognised qualification in dental hygiene awarded by an approved body in Ireland or the United Kingdom and to persons who hold a qualification in dental hygiene obtained elsewhere which, in the opinion of the Dental Council, is equivalent to an Irish or United Kingdom qualification in dental hygiene.
2. In order to satisfy itself as to the suitability of training undertaken by applicants for registration who have trained other than in Ireland or the United Kingdom and as to the status of their qualifications the Council has decided that such persons should ordinarily present for and pass a special examination.
3. The examination will be a Council examination administered by an Examination Board appointed by the Council and on which University College Cork and the University of Dublin will be represented.
4. The examination will include:
 - (a) A written examination in the following;
 - (1) The basic sciences.
 - (2) Community dental health, law and ethics, dental radiography.
 - (3) Clinical subjects. (Periodontology, Preventive & Paediatric Dentistry).
 - (b) A practical test in operative technique.
 - (c) The clinical assessment of a patient.

The examination will be searching and test to a standard not less than that required of dental hygienists graduating in Ireland the knowledge and skill required for the safe and efficient delivery of care to patients.
5. Examinations will be held at times appointed by the Council. Not more than one examination will be held each year.
6. Candidates will be allowed a maximum of two opportunities in which to pass the examination.
7. The examination fee payable by candidates will be fixed by the Council with the approval of the Minister for Health and Children. The fee, at present, for entry to the examination is €500.00. A non-refundable deposit of €100.00 must be submitted with the application form and the balance of €400.00 must be paid before 1st March. In the event of a candidate having to repeat the examination a repeat fee of €300.00 will be payable.

8. Candidates should note that success in the examination confers entitlement to registration in the Register of Dental Hygienists for Ireland. There is no ongoing entitlement to registration in other EEA member states.
9. Candidates who are not nationals of an EEA member state are advised to establish their entitlement to a work permit to practise in Ireland in the event of their being admitted to registration in the Register.
10. Applicants for the examination should, in the first instance, complete the prescribed application form and return it together with:
 - (a) Details of the training course undertaken and a copy of the curriculum. In addition copies of academic transcripts and degree/diploma certificates duly certified as true copies should be submitted. Where original documents are in a language other than English a duly certified translation should be submitted in addition to copies of the original documents.
 - (b) The deposit of €100.
 - (c) Two recent passport photographs with your name and signature on the reverse side of each.

Applications will be examined and assessed by the Examination Board and any applicant who has been deemed to have followed an acceptable course of study and has indicated competence to communicate in the English language will normally be permitted to present for the examination. An acceptable course of study in this context would be a two-year full-time course of theoretical and practical instruction given in a university or similar educational institution with training to provide the dental hygienist with the skills necessary for the carrying out of the dental work permitted to members of the class.

Dental Council

57 Merrion Square
Dublin 2

Form of application for admission to the Dental Council examination for dental hygienists.

Family Name/Surname

Personal/First Name

1. _____

Address: _____

Place of Birth: _____ **Date of Birth:** _____

Nationality: _____

2. **EDUCATIONAL RECORD:**

Institution	Dates		Qualifications obtained with dates
	From	To	
<u>Secondary</u>			
<u>Tertiary</u>			
<u>Postgraduate</u>			

3. PROFESSIONAL EXPERIENCE (FROM DATE OF GRADUATION UP TO DATE)

Grade or Title of post if relevant	Dates From To	Type of Practice and Location

4. Ability to communicate in the English language.

Please specify (excellent, good, fair, etc.) _____

5. I declare that the foregoing particulars are correct and I hereby apply for admission to the examination.

Date: _____

Signature: _____