

APPLICATION FORM FOR
THE EXTENSION OF
A PERIOD OF TEMPORARY REGISTRATION
IN THE REGISTER OF DENTISTS UNDER SECTION 28 OF THE DENTISTS ACT 1985.

IMPORTANT INFORMATION

- Under the provisions of the Dentists Act 1985, temporary registration, whether continuous or in separate periods, may not exceed 5 years in total.
- Your completed application must reach the Dental Council at least two months prior to the start date from which the extended period of 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.
- Each application for extension of temporary registration must be accompanied by the appropriate registration fee, regardless of the length of the post.
- 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.
- It is illegal to practise dentistry, in any capacity, in the State after your temporary registration has expired or before it has been processed.
- If you are seeking to partake 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.

Application check List

- Extension of Temporary Registration Fee** – The fee can be paid in cheque, postal order or bank draft and must accompany the application and documentation at time of submission. Please see current fees on our website www.dentalcouncil.ie

All applications for extension of temporary registration must accompany the registration fee, regardless of the length of time you have been offered employment for. The maximum length you can apply for is one year per extension application.

- 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.

This form has four parts.

Part A - this section must be completed and signed by you, the applicant.

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 - is to be completed by the Consultant that supervised you during the most recent period of temporary registration that you were granted.

Part D - is to be completed by the Consultant that will be supervising the period of temporary registration you are currently applying for.

- Photocopy of passport** – this is used for identification purposes. It must be a clear photocopy of your passport and your signature must be visible.

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PART A: TO BE COMPLETED BY THE APPLICANT

Family name/ Surname: _____

First name: _____

Other names: _____

Address for inclusion in the Register: _____

Email address: _____

Date of birth: _____

Nationality: _____

Place of birth: _____

I apply for an extension of my temporary registration in the Register of Dentists 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 an extension of temporary registration confers no right of entry or re-entry to Ireland nor any entitlement to a work permit or to have the period of the work permit extended. I further understand that the temporary registration is granted only for the employment detailed in part B and that I must make a new application for the extension of my temporary registration if I wish to change employment and/or when my granted period of temporary registration expires.

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

PART C: **TO BE COMPLETED BY THE CONSULTANT THAT SUPERVISED YOUR
LAST PERIOD OF APPROVED TEMPORARY REGISTRATION**

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

I certify that the applicant (named in Part A) _____
practised dentistry under my supervision from _____ to _____.

I further confirm that; (tick appropriate box)

to the best of my knowledge this applicant is of good character and
competent to practise dentistry under consultant supervision.

the Council should be aware of the following details of the character
of this applicant which might affect his/her suitability for temporary
registration in the Register of Dentists

Signed: _____ Date: _____

Name: _____ (please print your name clearly)

Registration number: _____

Consultant in _____ hospital/University.

PART D:

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 in a full-time position.

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.

Signed: _____ Date: _____

Name: _____ (please print your name clearly)