

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.

Signed; _____

Date;

D	D	M	M	Y	Y	Y	Y
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***A regulatory body is an entity that you are required to register with in order to practise your profession in a particular jurisdiction.**