

**An Chomhairle Fiaclóireachta
Dental Council**

***Register of
Clinical Dental Technicians***

Application Form

57 MERRION SQUARE
DUBLIN 2

Web Address: www.dentalcouncil.ie

DENTAL COUNCIL

AN CHOMHAIRLE FIACLÓIREACHTA

57 Merrion Square, Dublin 2. Telephone (01) 6762069, 6762226

Registration Details

(please complete in BLOCK letters)

Registration No

(for office use only)

I hereby apply to be registered in the Register of Clinical Dental Technicians for Ireland under the provisions of Section 53 of the Dentists Act 1985.

1. Applicant's name in full _____

2. Address for inclusion in the Register of Clinical Dental Technicians

Email address; _____

3. Nationality _____

Date of Birth _____

4. E-mail _____

Telephone Number: _____

5. **Qualifications**

(a) Qualification held by the applicant which confers entitlement to registration in the Register of Clinical Dental Technicians.

Qualification _____

Granting Authority _____

Date Granted _____

6.

Declaration by applicant:

I declare that the foregoing particulars are correct and that I have not been previously registered in the Register of Clinical Dental Technicians.

Signed: _____

Date: _____

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 be prosecuted.