

**An Chomhairle Fiaclóireachta
Dental Council**

Register of Dentists

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 Dentists for Ireland under the provisions of Section 27 of the Dentists Act, 1985.

1. Applicant's name in full _____

2. Address for inclusion in the Register

Email Address _____

Nationality _____

Date of Birth _____

Place of Birth _____

3. **Qualifications**

Qualification held by the applicant which confers entitlement to registration in the Register.

Qualification _____

Granting Authority/
University _____

Date Granted _____

4. Employment Record (from date of graduation up to date)

(Please format all dates as DD/MM/YY)

From	Date -	To	Full Name and Address of Practice/Employer	Grade or title of Position

5.

Declaration by applicant:

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

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.