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)

<table>
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<th>From Date</th>
<th>To</th>
<th>Full Name and Address of Practice/Employer</th>
<th>Grade or title of Position</th>
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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.