



FORM A

(Regulation 5)

THE DENTAL ACT

APPLICATION FOR REGISTRATION AS DENTIST

To the Dental Council of Jamaica

Name of the Applicant _____
(Surname first, block letters)

Address (1) _____

Date of Birth _____

Place of Birth _____

Nationality _____

Intended place of practice or employment: 1. Cornwall Regional Hospital, St James, Jamaica 2. UTECH, Kingston.

Qualifications:

Degree or Diploma _____ Date granted _____

Institution _____

Address _____

Postgraduate qualifications _____ Date _____

COUNTRIES OR INSTITUTIONS (in which you have practiced Since qualifying)

Date FROM _____ TO _____

In what countries, states or provinces are you now registered or entitled to practice as a Dentist

Has your registration or entitlement to practice as a Dentist ever been cancelled or suspended? _____

If so, for what reason, and on what date _____

Names and addresses of three character referees :

1. _____

2. _____

3. _____

I enclose: Certified (notarized) copies of diploma or degree and of current registration ; 2+2" passport type photograph; Two (2) recent references (written within six 6 months) of application; Photocopy of front page of passport

I hereby apply to be registered as a Dentist and declare that am the person named in the enclosed diplomas or certificates and that the above information is true and correct

Signature of Applicant

Date