

**An Chomhairle Fiacloireachta  
Dental Council**

**Register of Dental  
Specialists**

**Information Leaflet**

**and**

**Application Form**

**57 MERRION SQUARE  
DUBLIN 2**

## **INFORMATION**

### **1. DENTISTS ACT 1985**

The Register of Dental Specialists was established under the provisions of Section 29 of the Dentists Act 1985.

### **2. RECOGNISED SPECIALTIES**

The Register of Dental Specialists contains a division in respect of

- (a)** Oral Surgery
- (b)** Orthodontics

### **3. RECOGNITION OF TRAINING**

The Committee for Specialist Training in Dentistry, Faculty of Dentistry, Royal College of Surgeons in Ireland is the body recognised by the Council under Section 37 of the Dentists Act 1985 for the purpose of granting evidence of satisfactory completion of specialist training.

### **4. REGISTRATION**

**4.1** To be eligible for registration in the Register of Dental Specialists a dentist must be fully registered in the Register of Dentists.

**4.2** Subject to the provisions of the Dentists Act 1985 the following persons are entitled to registration in the Register of Dental Specialists:

- (a)** every registered dentist who prior to the establishment of the Register, has, in the opinion of the Council, completed his/her training in a recognised specialty.
- (b)** every registered dentist who, following the establishment of the Register, is granted evidence of satisfactory completion of specialist training in a recognised specialty by a body recognised by the Council under Section 37 of the Act.
- (c)** every registered dentist who being a national of a Member State has been awarded in a Member State a qualification in a dental specialty recognised by the Council which pursuant to the provisions of any

Directive adopted by the Council of the European Communities the State is obliged to recognise.

- (d) any registered dentist who satisfies the Council that he/she has completed a programme of training in specialised dentistry of a standard considered by the Council to be adequate.

**4.3** A suitably qualified dentist may have his/her name entered in more than one division of the Register of Dental Specialists.

## **5 APPLICATIONS**

Applicants for registration in the Register of Dental Specialists must complete the official application form and submit documentary evidence of entitlement to registration.

## **6 FEES**

The fee for initial registration in the Register of Dental Specialists is €150.00 and an annual fee of €200.00 is payable thereafter for the retention of the dentist's name in the Register.

These fees may be amended from time to time by the Council with the consent of the Minister for Health and Children

## REGISTRATION IN THE REGISTER OF DENTAL SPECIALISTS

**Surname**

(Type or Block Capitals)

\_\_\_\_\_

**Forenames**

(Type or Block Capitals)

\_\_\_\_\_

**Address**

(Type or Block Capitals)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Registration Number in the Register of Dentists**

\_\_\_\_\_

**Divisions of the Register for which  
application is being made \***

(a)

\_\_\_\_\_

(b)

\_\_\_\_\_

**\*(insert Oral Surgery and/or Orthodontics)**

### **Declaration**

I hereby declare that:

- (a) above information and the documentation which I furnish in support of my application and upon which I am relying is true and accurate to the best of my knowledge and belief.
- (b) I acknowledge that the granting of registration in the Register of Dental Specialists is at the discretion of the Dental Council under the provisions of the Dentists Act 1985.
- (c) I consent and give authority to the Dental Council to make any inquiry with any body or person in pursuance to my application for registration in the Register of Dental Specialists;

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Completed application forms and supporting documentation should be forwarded to:

**THE REGISTRAR, DENTAL COUNCIL, 57 MERRION SQUARE, DUBLIN 2.**

### **NOTE**

It is an offence under Section 67 of the Dentists Act 1985 to make any false declaration or misrepresentation for the purpose of obtaining registration in any register maintained by the Council under the Act or to aid and abet the making of such false declaration or misrepresentation.

## SPECIALIST TRAINING DETAILS

<u>Duration</u>		<u>Training Institution</u>	<u>Qualifications Obtained</u>
<u>From</u>	<u>To</u>		

If training was other than full-time please give details: \_\_\_\_\_

---

---

---

---

Signed: \_\_\_\_\_

Date: \_\_\_\_\_