

DENTAL COUNCIL

AN CHOMHAIRLE FIACLOIREACHTA

APPLICATION FORM FOR THE EXTENSION OF A PERIOD OF TEMPORARY

REGISTRATION IN THE REGISTER OF DENTISTS UNDER SECTION 28 OF THE

DENTISTS ACT 1985.

NOTES

This form has four parts.

Part A is to be completed by the applicant and sent to the prospective employer who will arrange for the completion of Part B (employer), Part C (supervising consultant during the most recent period of temporary registration) and Part D (supervising consultant during proposed extended period of temporary registration) and will forward all four parts to the Registrar, Dental Council, 57 Merrion Square, Dublin 2.

THE COMPLETED APPLICATION FORM MUST REACH THE REGISTRAR AT LEAST ONE MONTH PRIOR TO THE DATE FROM WHICH AN EXTENDED PERIOD OF TEMPORARY REGISTRATION IS REQUESTED.

Temporary registration may be extended up to the end of the incoming registration year only. This ends on the 31st January following. On that date, if still registered, the dentist must cease practice unless a further period of temporary registration has been granted by the Dental Council on the joint application of the dentist and the employing hospital. Under the provisions of the Dentists Act 1985, temporary registration, whether continuous or in separate periods, may not exceed five years in total.

APPLICATION FORM FOR EXTENSION OF TEMPORARY REGISTRATION IN THE REGISTER OF DENTISTS

PART A: TO BE COMPLETED BY THE APPLICANT

Family name: _____

Other names: _____

Year of first admission to temporary registration: _____

Address for inclusion in the Register: _____

Address for correspondence (if different): _____

I apply for an extension of my temporary registration in the Register of Dentists for the following purpose (tick appropriate box):

- Holding a teaching appointment
- Undertaking clinical procedures connected with research
- Obtaining postgraduate instruction
- Undertaking a postgraduate or specialist clinical examination involving clinical dentistry.

I understand that an extension of temporary registration confers no right of entry or re-entry to Ireland nor any entitlement to a work permit or to have the period of the work permit extended. I further understand that the temporary registration is granted only for the employment detailed in part B or for the taking of a clinical examination as above and must be re-applied for if I wish to change employment, and in any case, annually.

Signed: _____ Date: _____

PART B:

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

I certify that the applicant named in Part A _____
has been offered employment/continuation of employment as _____
_____ in _____
hospital for the period _____ to _____.

I understand that it is the responsibility of the hospital authority to ensure that the
applicant, if granted an extension of temporary registration, will carry out his/her
duties under the supervision of _____ who is a
registered dentist holding a consultant appointment in this hospital, and that he/she
will not be permitted to continue in this position following the expiry of his/her period
of
temporary registration.

Signed: _____ Date: _____

Name: _____

Position: _____

PART C: TO BE COMPLETED BY THE CONSULTANT SUPERVISING THE MOST
RECENT PREVIOUS PERIOD OF TEMPORARY REGISTRATION

I certify that the applicant named in Part A of this form practised dentistry under my supervision from _____ to _____ and that he/she is competent to practise dentistry under consultant supervision.

Signed: _____ Date: _____

Name: _____

being a registered dentist holding a consultant appointment in
_____ hospital.

PART D: TO BE COMPLETED BY THE CONSULTANT NAMED IN PART B

I understand that the applicant named in Part A, if granted an extension of temporary registration, will practise dentistry under my supervision.

I understand that if an application is made for a further period of temporary registration, I will be required to certify the applicant's competence to practise dentistry under consultant supervision.

Signed: _____ Date: _____

Name: _____

Being a registered dentist holding a consultant appointment in
_____ hospital.