

**An Chomhairle Fiaclóireachta
Dental Council**

**Register of Dental
Nurses**

Information Leaflet

and

Application Form

**57 MERRION SQUARE
DUBLIN 2**

DENTAL COUNCIL

AN CHOMHAIRLE FIACLÓIREACHTA

DENTAL NURSE

Scheme:

The Dental Council, in exercise of the powers conferred on it by Section 53 of the Dentists Act 1985 has, with the consent of the Minister for Health and Children, made a scheme for the establishment of a class of auxiliary dental worker to be known as a Dental Nurse.

Registration:

In accordance with the provisions of this scheme the Council has established a Register of Dental Nurses.

Registration in the Register of Dental Nurses will be available to:

- (a) a person who holds a qualification in dental nursing awarded by one of the following:

The Dublin Dental Hospital
The University of Dublin
The University Dental School & Hospital Cork
The National University of Ireland Cork

- (b) a person who holds a qualification in dental nursing awarded by the National Examining Board for Dental Nurses in the United Kingdom.
- (c) a person who holds a qualification in dental nursing which in the opinion of the Council is equivalent to that specified at (a) or (b) above.

Applications:

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

The Registration Year for dental nurses will run from 1st April to 31st March following. Registered dental nurses will be required to retain their names on the Register of Dental Nurses on an annual basis.

Fees:

The fee for initial registration of a name on the Register of Dental Nurses is €15.00. This fee should accompany applications for registration.

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FORM OF APPLICATION FOR REGISTRATION IN THE REGISTER OF DENTAL NURSES

1. Applicants name in full _____
(BLOCK CAPITALS)

Place of Birth _____ Date of Birth _____

2. Address for inclusion in the Register

3. Qualification held by the applicant which confers entitlement to registration in the Register of Dental Nurses.

Qualification _____

Granting Authority _____

Date Granted _____

Documents submitted as evidence of lawful possession of the qualification (s).

4. I declare that the foregoing particulars in respect of my application are correct.

Signed _____ Date _____