

DENTAL COUNCIL

AN CHOMHAIRLE FIACLOIREACHTA

APPLICATION FORM FOR TEMPORARY REGISTRATION IN THE REGISTER OF DENTISTS UNDER SECTION 28 OF THE DENTISTS ACT 1985

NOTES

The application form is in three parts.

Part A is to be completed by the applicant and sent along with certified copies of all relevant degrees and diplomas (in certified translation if necessary) to the prospective employer who will arrange for the completion of Part B (employer) and Part C (supervising consultant) and will forward all three parts and relevant certificates to the Registrar, Dental Council, 57 Merrion Square, Dublin 2. In addition the applicant should arrange for a current Certificate of Good Standing to be forwarded directly to the Registrar by the Registration Board in whose jurisdiction he/she is currently practising dentistry.

THE COMPLETED APPLICATION FORM MUST REACH THE REGISTRAR AT LEAST TWO MONTHS PRIOR TO THE DATE FROM WHICH TEMPORARY REGISTRATION IS REQUESTED.

Certified copies and translations of degrees and diplomas will be retained by the Dental Council.

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.

Temporary registration is granted initially for the duration of the current registration year which ends on the 31st January. After that date the dentist must not practise 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. A separate form for this purpose is available from the Registrar. The temporarily registered dentist, and the employing hospital, may not be sent a reminder that the period of registration is due to end.

Under the provisions of the Dentist's Act 1985, temporary registration, whether continuous or in separate periods, may not exceed five years in total.

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

PART A: Page 1: TO BE COMPLETED BY THE APPLICANT

Family name: _____ Other names:

Address for inclusion in the Register: _____

Date of Birth: _____ Nationality: _____

QUALIFICATIONS

Title of degree or other qualification	Full name of university or training institution	Years of study	Date of degree

EMPLOYMENT RECORD

From	Date - To	Employing Institution	Position Held

PART A: Page 2

I apply for temporary registration in the Register of Dentists for Ireland 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 the admission to temporary registration in the Register of Dentists confers no right of entry into Ireland nor any entitlement to a work permit and 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 as _____

in _____ hospital for the period _____

to _____.

I understand that it is the responsibility of the hospital to ensure that the applicant, if granted 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 the period of temporary registration.

Signed: _____ Date: _____

Name: _____

Position: _____

Part B is to be signed by the chief officer of the hospital or a deputy duly authorised by the hospital authority.

PART C:

TO BE COMPLETED BY THE CONSULTANT NAMED IN PART B

I understand that the applicant in Part A, if granted 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.