

THE DENTAL REGULATIONS, 1974  
SCHEDULE

FORM A  
**The Dental Act**

(Regulation 5)

**Application for registration as a Dentist**

**To: The Dental Council, Jamaica**

Name of Applicant .....  
**(Surname first, block letters)**

Address (1) .....

Date of Birth ..... Place of Birth .....

Nationality .....

Intended place of practice or employment .....

Qualifications :

Degree or Diploma. ....Date granted .....

Institution. ....

Address.. ....

Postgraduate qualification ..... Date .....

**Countries**

**or Institutions**

Dates

(in which you have  
practised since  
qualifying)

From

To

(3)

In what countries or provinces are you now registered or entitled to practise as a Dentist?

.....  
.....

Have your registration or entitlement to practise as a Dentist ever been cancelled or suspended?

.....

If so, for what reason, and on what date? .....

.....

Name and addressee of three character referees:

1) .....

2) .....

3) .....

I enclose:

(a) Certified (notarized) copies of diploma or degree and of current registration (if applicable). A certified translation must accompany all credentials not in English.

(b) Applicable fee. (4)

(c) 2" x 2" passport type photograph.

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

.....  
Signature of Applicant

.....  
Date

(To be completed by a dental or medical practitioner registered in Jamaica or by a person of standing in the country of residence of the applicant who has known the applicant for at least a year.)

I, ..... of .....

**(full name, block letters)**

certify that I have been acquainted with the applicant for .....  
years and that he/she is of good character.

Date. .... Signed.....

Address.....

Qualification.....

Notes

(1) The Registrar must be notified of any subsequent change of address.

(2) Recent graduates must request the Dean of their institution to write directly to the Council to assure the Council that the applicant is a bona fide graduate.

(3) All other applicants must request their current registering body to write directly to the Council, stating the applicant is a dentist in good standing. This requirement need not be met by those seeking temporary registration.

(4) Examination fee :

**Local \$1,500.00 US (converted to JA equivalent)**

**Foreign \$2,000.00 US**

Registration/ Application fee:

(Temporary registration fee: )

**To be completed by the Registrar**

Type of registration: Full .....Temporary. ....

Date registered or application refused .....

Registration number, if full registration .....

Date and number of Gazette notice in which registration published .....

.....

Reason for refusal, if refused.....

**Signature of Registrar**

.....

**Name (block letters)**

.....

**Date**