

THE DENTAL REGULATIONS, 1974  
SCHEDULE

FORM D (Regulation 15)  
**The Dental Act**

**Application for enrolment as a Dental auxiliary 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 .....

Address (intended) place of practice or employer.....

Class of Dental Auxiliary for which enrolment is applied.....

Qualifications :

Certificate, diploma, degree. ....Date .....

Institution .....

Address .....

**Countries  
or Institutions**

(in which you have  
practised since  
qualifying)

Dates

From

To

(3)

In what countries, states or provinces and in what class of dental auxiliary are you now enrolled or entitled to practise?

.....  
.....

Has your enrolment or entitlement to practise in any county ever been cancelled or suspended?

.....

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

.....

Name and addressee of three character referees:

- 1) .....
- 2) .....
- 3) .....

I enclose:

(a) Certified (notarized) copy of diploma or certificate.

(b) Applicable fee. (2)

I hereby 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) Examination fee : **Local \$10,000.00 JA**  
**Foreign \$500.00 US**

Enrolment fee:  
(Temporary enrolment fee:).

**To be completed by the Registrar**

Type of enrolment: Full .....Temporary. ....

Date enrolled or refused .....

Enrolment number.....

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

.....

Reason for refusal, if refused.....

.....  
**Signature of Registrar**  
.....

**Name (block letters)**

.....  
**Date**