

## THE DENTAL REGULATIONS, 1974

FORM B

(Regulation 16 (1) )

## THE DENTAL ACT

## CERTIFICATE OF ENROLMENT AS A DENTAL AUXILIARY

Registration No.....

This is to certify that.....  
*(full name in block letters)*

has been duly enrolled as a.....  
 under the Dental Act and h..... name has been duly entered in the Roll of  
 Dental Auxiliaries.

Given under my hand this                      day of                      19                      .

.....  
*Registrar of the Dental Council of  
 Jamaica*

FORM F

(Regulation 17)

*Form of Roll*

The roll shall show in respect of every enrolled dental nurse, enrolled dental hygienist, and enrolled dental technician, as the case may be, the following particulars—

- (a) enrolment number;
- (b) full name; if married, widowed or divorced;
- (c) date and place of birth;
- (d) nationality;
- (e) permanent address;
- (f) date of enrolment;
- (g) qualification and the date of obtaining such qualification.