

**FORM D1
SUPPLEMENTAL**

**APPLICATION BY REGISTERED DENTAL AUXILIARIES FOR PRACTISING
CERTIFICATE**

TO: THE DENTAL COUNCIL, JAMAICA

Name of Registered Dental Auxiliary:

Name & Address of Employment:

Telephone # (s): _____

E-mail Address: _____

Place a TICK in the appropriate boxes and / or provide the appropriate information

- a. BLS submitted: YES NO
- b. CE Credits in Ethics & Professionalism Submitted: YES NO
- c. CE Credits in Infection Control Submitted: YES NO
- d. Is (Are) there any compliant (s) Lodged against you? YES NO
- e. Is (Are) there any Litigation (s) against you? YES NO
- f. Number of CE Credits Submitted
- g. Are you presently licensed to practise in another Jurisdiction? YES NO

If Yes, please state the Jurisdiction and Licence Number

I hereby confirm that the above information provided is true and correct

Signature of Registered Dental Auxiliary

Date