

THE DENTAL REGULATIONS, 1974

SCHEDULE

STUDENT APPLICATION FORM

The Dental Act

**Application for student registration for the Jamaica Dental Council Licensure Examination
(administered by ADEX/CDCA-WREB-CITA)**

To: The Dental Council of Jamaica

(Regulation 5)

Name of Applicant.....

(Surname first, block letters)

Address(1).....

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

Nationality.....

Intended place of practice or employment.....

Qualifications:

(University) Dental School.....

Expected Graduation Date.....

Other Qualifications:

1) Previous degrees or Diplomas..... Date granted.....

Educational Institution.....

2) Previous degrees or Diplomas..... Date granted.....

Educational Institution.....

3) Previous degrees or Diplomas..... Date granted.....

Educational Institution.....

Attach additional sheet(s) if necessary

Name and addresses of three (3) character references:

1).....

2).....

3).....

To be submitted with application:

- a) Proof of applicable fee.
- b) 2"x2" passport type photograph (signed by JP, Attorney-At-Law, Notarized Public).
- c) Letter from the Dean of the Dental School currently being attended certifying the approval to sit the examination or certified copy of degree.
- d) Certified copy of identification.

I hereby apply to sit the exam 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 a good character.

Date.....

Signed.....

Address.....

Qualification.....

Notes

- 1) (1)The Registrar must be notified of any subsequent change of address.
- 2) (2) Examination fee: See the Dental Council of Jamaica’s website (jamaicadentalcouncil@gmail.com) for information.

3) Banking Information

Account:	Dental Council of Jamaica
Bank:	First Global Bank,
Branch:	New Kingston Branch,
Bank Code:	99075,
Account Number:	2050821,
Account Currency:	US\$,
Account Type:	Savings.

18-Month Rule

All candidates will have eighteen (18) months to successfully complete the ADEX/CDCA-WREB-CITA Examination. Those 18 months will begin on the date of the first exam sat. If a candidate does not successfully complete all parts of the said Examination within that 18 month period, **that candidate must re-take all parts of the examination, including the computer-based portion.**

3-Time Failure Rule

Candidates failing one or more of the same parts of the ADEX/CDCA-WREB-CITA Examination on three (3) successive attempts must re-take all parts of the examination, including any computer-based portions. Any section on which the candidate may have been previously successful will not be recognized or counted toward successful completion of the re-test of the entire Examination. The candidate will be considered an initial applicant and must re-apply for the full exam.

To be completed by the Registrar

Type of registration: Full.....

Registration number, if full registration.....

Date and number of Gazette notice in which registration published.....
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Reason for refusal, if refused.....

Signature of Registrar

.....
Name (block letters)

.....
Date
