

THE DENTAL COUNCIL

Supplemental Application for registration to take or retake the Jamaica Dental Council Exam (administered by ADEX CDCA)

Instructions:

- If you attempting the exam for the first time, please turn in this form along with application form to sit the exam
- If you are retaking section of the exam and/or taking a section for the first time this form needs to be completed. You do not need to resubmit the application form for the exam.

Name of Applicant.....

(Surname first, block letters)

Email.....

Telephone Number.....

Please answer the following questions in reference to the exam by placing a tick (✓) by the questions that apply:

1) Please indicate the following:

_____ Dentist

_____ Student

2) Please indicate if this is the first time you are sitting the exam in Jamaica:

_____ Yes

_____ No

3) Did you or do you plan on taking the exam in sections (ie Prostho/Endo in May exam, Restorative/Perio in July Exam, Written DSE in the November Exam)

_____ Yes

_____No

4) For applicants that are taking a section(s) of the exam for the first time.

Please indicate the section(s) of the ADEX CDCA exam that you plan on taking for the first time in the upcoming sitting of the examination:

_____ Prosthodontics/Endodontics

_____ Restorative/ Perio

_____ Written DSE Exam

_____ Not applicable, I am ONLY resitting a section of the exam

5) ONLY for applicants needing to retake a section of the exam.

Check (√) section that you need to retake during the next sitting of the examination:

_____ Anterior Restorative

_____ Posterior Restorative

_____ Periodontics

_____ Endodontics

_____ Prosthodontics

_____ Written DSE exam

6) Please indicate the date of the Dental Council exam you plan on taking/retaking the exam (eg May 2016)

Month: _____

Year: _____

Applicant's Signature: _____