

THE DENTAL REGULATIONS, 1974
DENTAL COUNCIL LICENSURE EXAMINATION IN DENTISTRY
DENTAL AUXILIARY ADEX/CDCA-WREB-CITA APPLICATION FORM

**Dental Hygienist Application for Registration to Sit the Dental Council of Jamaica
(DCJ) Licensure Exam (administered by ADEX/CDCA-WREB-CITA)**

To: The Dental Council, Jamaica

Name of Applicant
(Surname first, block letters)

Address

Place of Birth

Date of Birth Nationality _____

University
(D/M/YYYY)

E-mail Address

Cell # Home # Work #.....

Place a tick beside the category that applies.

- Computer Simulated Clinical Examination (CSCE)
- Patient Treatment Clinical Examination (PTCE)
- Resitting Computer Simulated Clinical Examination (CSCE)
- Resitting Patient Treatment Clinical Examination (PTCE)

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

_____ Yes
_____ No

If no, state the number of attempts and specify the section(s) and date (s) of the Exam taken

Undergraduate Qualification

Dental Institution
(University).....

Address of Dental Institution

Expected Graduation Date
(D/M/YYYY)

Graduate Qualifications:

1) Previous Degree or Diploma Date granted
(D/M/YYYY)

Educational Institution
(University).....

2) Previous Degree or Diploma Date granted
(D/M/YYYY)

Educational Institution.

3) Previous Degree or Diploma..... Date granted
(D/M/YYYY)

Educational Institution.....

Attach additional sheet(s) if necessary

Name, contact and address of three character references:

- 1)
- 2)
- 3)

To be submitted with application:

- (a) Proof of applicable fee
- (b) 2" x 2" passport type photograph (signed 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 Dental Hygiene examination and do solemnly declare that the above information provided is true and correct.

.....
Signature of Applicant

.....
Date

Notes

- 1) Examination fees (***Must be paid directly to ADEX/CDCA***)
- 2) Registration/ Application fees(***Must be paid directly to the DCJ account***)
- 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.

Official use only

<i>To be completed by the Registrar</i>	
Approval to sit the Examination:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	_____
Signature	_____
Date	_____