SINGAPORE DENTAL COUNCIL
16 College Road,
#01-01 College of Medicine Building,
Singapore 169854
E-mail: enquiries@dentalcouncil.gov.sg
Tel: (65) 6355 2400/ 01 Fax: (65) 6253 3185

APPLICATION FOR REGISTRATION AS DENTAL SPECIALIST

Instructions to applicant:

1. Complete this application form and submit it along with the original Dental Specialist Accreditation Board's letter of certification.
2. The processing fee is **$500** (for payment by cheque, the cheque should be crossed and made payable to "***Singapore Dental Council***").

PARTICULARS OF APPLICANT

Please provide the following information:

FULL NAME AS SHOWN IN NRIC/PASSPORT (please underline Family Name)

NAME IN CHINESE CHARACTERS

NRIC NUMBER/FOREIGN IDENTIFICATION NUMBER

DCR No:

I would like to apply to be registered as a specialist in the area of (please √ one specialty):

- ○ Endodontics
- ○ Oral and Maxillofacial Surgery
- ○ Orthodontics
- ○ Paedodontics
- ○ Periodontics
- ○ Prosthodontics
- ○ Others (pls specify) : _____

_____ _____

Date Signature of Dentist

For Official Use

Registrar's approval/comments*			
☐Cash ☐Cheque	Amount $500.00 Details of cheque: Bank: Number:	Receipt number and date:	Date of Specialist Registration: Specialist Certificate Number: