



SINGAPORE DENTAL COUNCIL

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Singapore 169854

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APPLICATION FOR RESTORATION AS ORAL HEALTH THERAPIST

Instructions to applicant:

1. Complete Parts (I) to (VII) of this application form.
2. Please submit the application along with the necessary supporting documents printed on this page.
3. Please bring along the original document for item (a), for verification purpose, when you come for registration at the Council's office.

I am applying for Restoration with practising certificate Restoration without a practising certificate
(please ✓)

	DOCUMENTS TO BE SUBMITTED (must be translated into English if the original is in a Foreign language)	RESTORATION <u>WITH</u> PRACTISING CERTIFICATE	RESTORATION <u>WITHOUT</u> PRACTISING CERTIFICATE *
(a)	Copy of the current annual practising licence issued by the licensing authority in the last country of practice (<i>please ignore if your last place of practice was in Singapore</i>).	✓	✓
(b)	Original Letter of offer of employment from prospective employer in Singapore.	✓	
(c)	Original certificate of good standing from the licensing authority in the last country of practice, with validity period of 6 months or less (<i>please ignore if your last place of practice was in Singapore</i>).	✓	✓
(d)	Original Certificate or letter of fitness to practice dentistry from a local Medical Practitioner. Certificate/letter to include information on current Hepatitis B* Immunisation status.	✓	
(e)	Fulfil the requisite Continuing Professional Education points: <ul style="list-style-type: none"> • <u>For Oral Health Therapists</u> Minimum of 9 CPE points with 20% core requirement and at least 7 verifiable CPE points must be accumulated within the <u>last 6 months</u> before starting active practice. 	✓	
(f)	The prescribed restoration fee (\$100) (Please note that the restoration fee is NON-REFUNDABLE.)	✓	✓
(g)	The pro-rated practising certificate fee (\$200 for 2 years). The fees mentioned in (f) and (g) may be paid in cash or by cheque. For payment by cheque, the cheque should be crossed and made payable to " Singapore Dental Council ".	✓	

***IMPORTANT**

It is required under the Dental Registration Act that all dental practitioners must have a practising certificate in force before they are allowed to practise dentistry in Singapore.

If you will like to resume practise subsequently, you are required to apply for a practising certificate.

The following documents must be submitted with your application:

- (i) Letter of offer of employment from prospective employer in Singapore;
- (ii) Fulfil required Continuing Professional Education points and any other conditions as required;
- (iii) Certificate or letter of fitness to practice dentistry from a local Medical Practitioner;
- (iv) Certificate/letter to include information on current Hepatitis B* Immunisation status;
- (v) Pay pro-rated practising certificate fee (\$200 for 2 years).

Part II : OHT-REGISTER CATEGORY

(I) APPLICATION FOR RESTORATION

13(a). I am applying for restoration as:

- Dental Hygienist
- Dental Therapist
- Dental Hygienist/Dental Therapist

13(b). To be restored under:

- Part I of the register of OHT

To restore under Part I of register, please provide your work history for the last 5 years or more [please attach proof(s) of employment]:

From (dd/mm/yy)	To (dd/mm/yy)	Name and address of dental clinic/institution	Provide name of dentist working under (must be a Div I dentist)

(Additional information may be attached to the application if space is insufficient)

- Part II of the register of OHT

Part III : PARTICULARS OF PRACTICE

PLACE OF PRACTICE

14 (a) EMPLOYMENT SECTOR

- Public
- Restructured Institutions
- Academia
- Statutory Board
- Private

14 (b) EMPLOYMENT TYPE

- Full-time
- Part-time (working less than 30 hours per week)

Part IV : DECLARATION

DECLARATION BY APPLICANT

18. Have you ever been or are you currently the subject of an inquiry or an investigation by any licensing or health authority in Singapore or elsewhere involving an allegation of professional misconduct or any improper conduct which brings disrepute to the dental profession? Yes
 No

19. Have you been convicted in a court of law in Singapore or elsewhere of any offence? Yes
 No

20. Have you ever suffered or are you suffering from any physical or mental illness which impairs your fitness to practise as a Oral Health Therapist? Yes
 No

21. Have you ever suffered from Hepatitis B or other infectious diseases? Yes
 No

If you have answered "Yes" to any of questions 18 to 21, please provide further details in a separate document.

I declare that the particulars stated in this application and the documents attached are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact.

Signature of applicant

Date

Part V : CERTIFICATION

CERTIFICATE OF IDENTITY – to be completed by a registered dentist (whose name appears in the first division of the Dentists Register), or a medical practitioner registered in Singapore under the Medical Registration Act (Cap 174), or a Magistrate, or a Justice of the Peace.

I hereby certify that (name of applicant) _____ is known to me personally and I support his/her application to be registered to practise dentistry in Singapore.

Name of dentist/doctor/Magistrate/JP

Registration No./Seal of Office

Signature & Date

CERTIFICATE OF FITNESS TO PRACTISE DENTISTRY - to be completed by a medical practitioner registered in Singapore under the Medical Registration Act (Cap 174)

I, Dr _____

of (name of clinic) _____

Certify that I have examined (name of Oral Health Therapist applying for registration)

and that in my opinion, he/she is both physically and mentally fit to practise dentistry.

Signature of medical practitioner _____

Qualification(s) _____

SMC Reg No _____

Date _____

Stamp of medical clinic

For Official Use																							
NRIC /FIN													Date of Restoration										
DCR No:																							
Registrar's Approval																							
To restore applicant as a:																							
Dental Hygienist												<input type="checkbox"/>											
Dental Therapist												<input type="checkbox"/>											
Dental Hygienist/Dental Therapist												<input type="checkbox"/>											
<ul style="list-style-type: none"> • under Part I of Register <input type="checkbox"/> • under Part II of Register <input type="checkbox"/> 																							
Comments (if any): _____																							
																						_____ Registrar's Signature/Date	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<u>Details of Cheque</u> Bank: Cheque Number:				Restoration Fee: \$ Practising Certificate Fee: \$ Total Amount: \$						Receipt Number: Receipt Date :											