



SINGAPORE DENTAL COUNCIL

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Singapore 169854

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APPLICATION FOR REGISTRATION/RESTORATION AS DENTIST

Instructions to applicant:

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

	DOCUMENTS TO BE SUBMITTED (must be translated into <u>English</u> if the original is in a Foreign language)	FULL REGISTRATION	CONDITIONAL REGISTRATION	TEMPORARY REGISTRATION		RESTORATION
				3 years or more	Visiting Clinicians	
(a)	Copy of the basic dental qualification (and additional qualifications, if any).	√	√	√	√	
(b)	Original letters of verification from issuing authorities on all undergraduate and postgraduate qualifications (if certificate of dental qualifications are not available at time of application).	√	√	√		
(c)	Copy of Certificate of Registration/licence to practise dentistry from the Dental Council/ Licensing Authority in the last country of practice [if unavailable, (d) can be used to replace].		√	√	√	
(d)	Copy of the current annual practising licence issued by the licensing authority in the last country of practice.		√	√	√	√
(e)	Letter of offer of employment from prospective employer in Singapore.	√	√	√	√	√
(f)	Original certificate of good standing from the licensing authority in the last country of practice (with validity period of 6 months or less).		√	√	√	√
(g)	Curriculum vitae (including postgraduate experience and testimonials on postgraduate experience or names and addresses of referees).		√		√	
(h)	Two letters of character reference from two referees who should be members of the teaching staff of Faculty of Dentistry in the University, College or institution where the applicant has received his training in dentistry or any two references from medical/dental professionals.		√	√	√	
(i)	Certificate or letter of fitness to practice dentistry from a local Medical Practitioner. Certificate/letter to include information on current Hepatitis B* Immunisation status (*not applicable for locally trained applicants).	√	√	√	√	√
(j)	Letter from sponsor stating purpose of application and period of registration required.			√	√	
(k)	One passport-size photograph.	√	√	√	√	
(l)	Letter of undertaking from sponsor/employer.			√	√	
(m)	Copy of identity card/passport;.	√	√	√	√	
(n)	The prescribed registration/restoration fee (\$200) and practising certificate fee (\$400 for 2 years). The prescribed application fee may be paid in cash or by cheque. For payment by cheque, the cheque should be crossed and made payable to " Singapore Dental Council ". Please note that the registration fee is NON-REFUNDABLE.	√	√	√	√	√

