



SINGAPORE DENTAL COUNCIL

16 College Road,
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Singapore 169854

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Tel: (65) 6355 2400/01 Fax: (65) 6253 3185

APPLICATION FOR REGISTRATION 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) and (l), for verification purpose, when you come for registration at the Council's office.
4. For foreign applicants, Council will be conducting verification of identity with relevant authorities. Please complete Release of Information Form in Annex A.
5. Processing time for application – **2 weeks** starting from date when all necessary documents are duly verified and received.

	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	
				3 years or more	Visiting Clinicians
(a)	Copy of the basic dental qualification (and additional qualifications, if any). (Note: for foreign applicants, Council will verify enrolment with University which awarded the basic dental qualification. Please complete Release of Information Form in Annex A)	√	√	√	√
(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 or current practising licence from the Dental Council/ Licensing Authority in the last country of practice. (Note: for foreign applicants, Council will verify registration status with registration authority in the last country of practice. Please complete Release of Information Form in Annex B)		√	√	√
(d)	Original letter of offer of employment from prospective employer in Singapore.	√	√	√	√
(e)	Original certificate of good standing from the licensing authority in the last country of practice (with validity period of 6 months or less).		√	√	√
(f)	Curriculum vitae (including postgraduate experience and testimonials on postgraduate experience or names and addresses of referees).		√		√
(g)	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.		√	√	√

(h)	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. (* not applicable for locally trained applicants) <i>Note: Hep B carriers will not be allowed to register in Singapore.</i>	√	√	√	√
(i)	Original letter from sponsor stating purpose of application and period of registration required.			√	√
(j)	One passport-size photograph.	√	√	√	√
(k)	Original letter of undertaking from sponsor/employer.			√	√
(l)	Copy of identity card/passport.	√	√	√	√
(m)	For foreign applicants, an administrative fee of \$50 (non-refundable) will be imposed for conduct of source verification with respective authorities.	√	√	√	√
(n)	The prescribed registration fee of \$200 (non-refundable) and practising certificate fee of \$400 for 2 years. The prescribed fees may be paid in cash or by cheque. For payment by cheque, the cheque should be crossed and made payable to " Singapore Dental Council ".	√	√	√	√

RELEASE OF INFORMATION

To: _____
Name of University

To Whom It May Concern

I, _____ (IC or Passport No. _____)
Name of dentist

with enrolment number _____ give my consent to the

_____ to release my enrolment
Name of University

status from _____ to _____ to The Singapore Dental Council
dd/mm/yyyy dd/mm/yyyy

for the purpose of verification.

Signature

Date

RELEASE OF INFORMATION

To: _____
Name of Licensing Authority

To Whom It May Concern

I, _____ (IC or Passport No. _____)
Name of dentist

with registration number _____ give my consent to the

_____ to release my registration
Name of Licensing Authority

status from _____ to _____ to The Singapore Dental Council
dd/mm/yyyy dd/mm/yyyy

for the purpose of verification.

Signature

Date