

Professional Registration System (HCP) User Manual

Version 1.0

REVISION HISTORY

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1. INTRODUCTION

1.1. Overview

The Professional Registration System (PRS) is a common registration system for Healthcare Professionals in Singapore. It supports the Healthcare Professionals (HCP), Human Resources Personnel (HR) and Healthcare Professional Entities (HPE) in the execution of the key business functions of the HPEs, such as professional registration, renewal, disciplinary and continuing professional education.

The PRS is a web-based application that is hosted in the Medinet Hosting Environment.

1.2. Scope

The objective of this document is to provide step-by-step guidelines on the proper usage of the system by Healthcare Professionals to submit applications online to the SDC, SAB and FPAB.

The targeted users of this document shall be the HCPs.

Users of the online application functionalities should have the basic knowledge of using a internet web browser, such as the Internet Explorer (IE), to navigate from one page to another.

The chapters in this manual are organised in a logically functional manner. They may not necessarily reflect the order, which the users would normally adopt to use the system.

The reader of this manual may study its content in any order. He/She may read the specific sections that illustrate the functions being encountered or study the specific section that he/she is interested in.

1.3. Definitions, Acronyms and Abbreviations

This manual uses the following typographic conventions:

- A “*” character next to a field indicates a mandatory field.
- **[Button Name]** refers to a button.
 - **[Proceed]** button indicates that the system will be displaying the next web page after the current page.
 - **[Confirm]** button indicates that the system will update or insert records in the database and will display the acknowledgment page.
 - **[Print]** button displays the letter on the browser and the system will update the record in the database.

The following format is used by the PRS system:

- DD/MM/YYYY as a Date Format

The manual uses the following abbreviations

- HCP: Healthcare Professional
- HPE: Healthcare Professional Entity
- IE: Internet Explorer
- PC: Practicing Certificate
- PRS: Professional Registration System
- RC: Registration Certificate
- SDC: Singapore Dental Council

2. FUNCTIONS

2.1. Pre-Application

For all new professionals, you will be required to login to the PRS with a Temporary User ID. You may obtain your Temporary User ID from the following URL: <placeholder URL>

Upon access to the URL, the first section of Pre-Application (Question) will be displayed as follows.

Figure 1

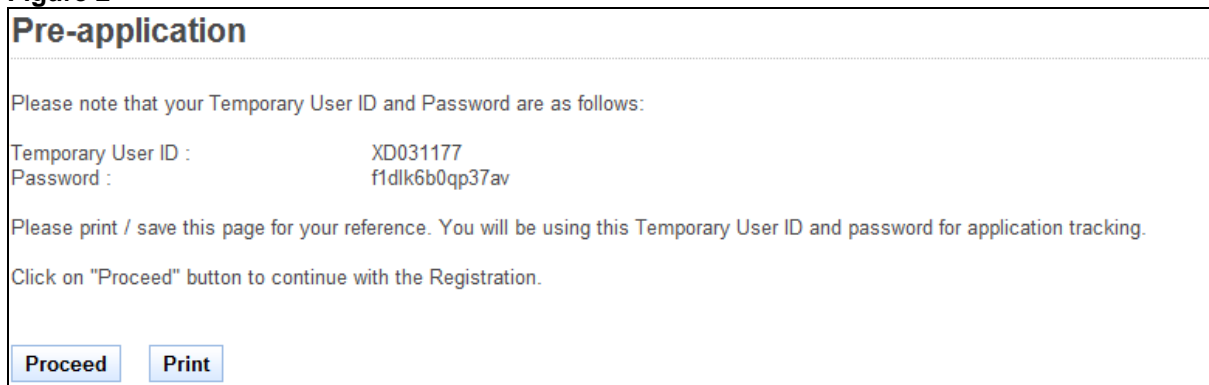


The screenshot shows a web form titled "Pre-application". Below the title is a question: "Are you currently registered with Singapore Dental Council?". To the right of the question are two radio buttons labeled "Yes" and "No". Below the question is a blue button labeled "Proceed".

To proceed, answer the presented questions accordingly. Depending on your answers, there will be three possible outcomes.

Outcome 1: You pass the pre-screening and have never registered before. Click on the [\[Proceed\]](#) button after answering the questions. You will see the following screen.

Figure 2



The screenshot shows a web form titled "Pre-application". Below the title is a message: "Please note that your Temporary User ID and Password are as follows:". Below this message are two lines of text: "Temporary User ID : XD031177" and "Password : f1dlk6b0qp37av". Below this text is another message: "Please print / save this page for your reference. You will be using this Temporary User ID and password for application tracking." Below this message is a final instruction: "Click on 'Proceed' button to continue with the Registration." At the bottom of the form are two blue buttons labeled "Proceed" and "Print".

To proceed to the Login Page

- Recommended: Print or Save this page for self reference
- Click on the [\[Proceed\]](#) button.

Outcome 2: You pass the pre-screening and have an existing registration. Click on the [\[Proceed\]](#) button after answering the questions. You will see the following screen.

Figure 3

Instructions for Authorised Users

Healthcare Professionals:

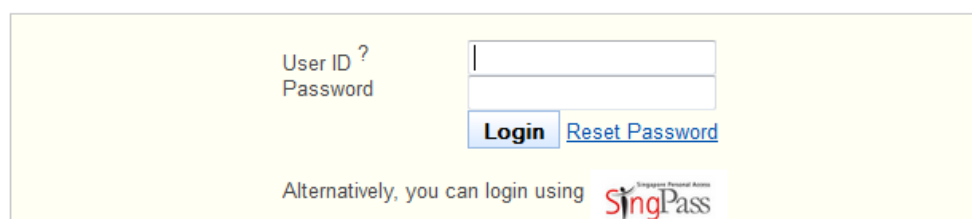
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

HR Personnel:

You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to prsnsci+sit+sdcc@gmail.com.


CPE Providers / Professional Bodies

You may login via your User ID and password. If you do not have an account, please click [here](#) to submit your application for an online account.



User ID ?
Password

Login Reset Password

Alternatively, you can login using 

Outcome 3: You do not pass the pre-screening. You will see the following error message.

Figure 4

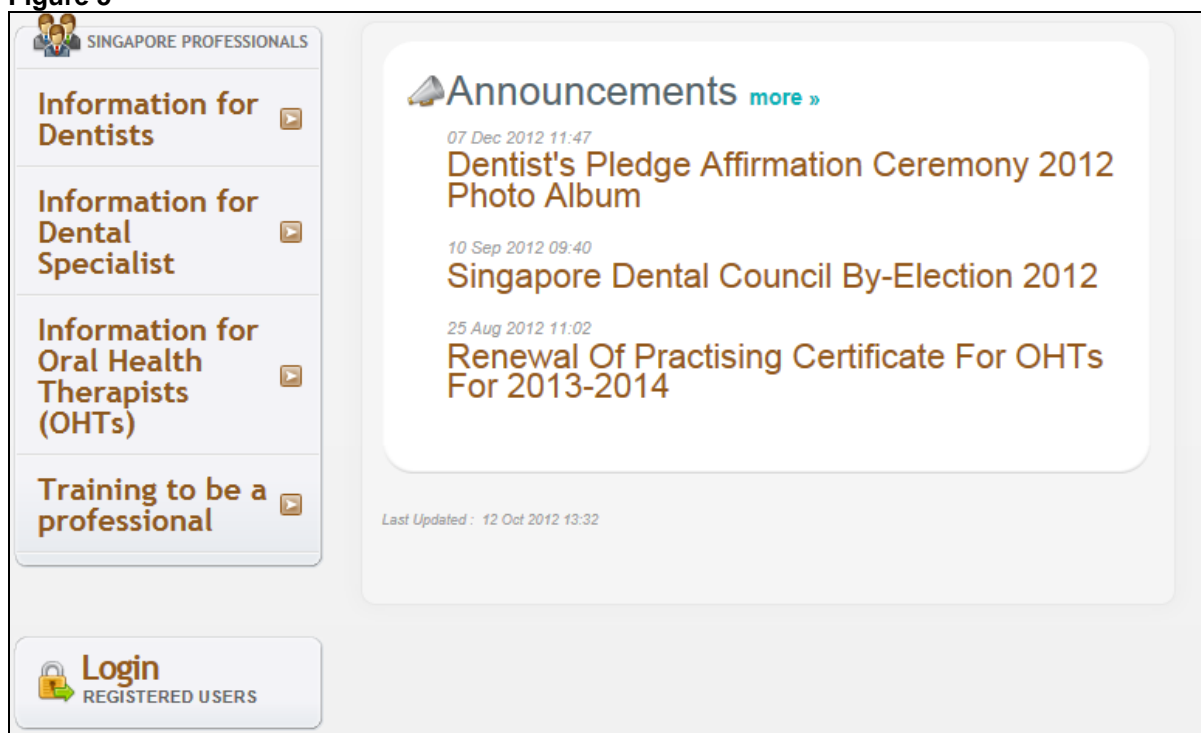
You are not eligible for application to Singapore Dental Council. Please refer to criteria for registration on Singapore Dental Council's website at <http://www.sdc.gov.sg>. Thank you for your interest.

Pre-application

2.2. Login to the PRS

To access the PRS, click on the [\[Login\]](#) button on the SDC's website (URL: <http://www.SDC.gov.sg>).

Figure 5



The PRS Login screen will be displayed as follows.

Figure 6

[Instructions for Authorised Users](#)


Healthcare Professionals:
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

HR Personnel:
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to prsnsci+sit+sdsc@gmail.com.

CPE Providers / Professional Bodies
You may login via your User ID and password. If you do not have an account, please click [here](#) to submit your application for an online account.

User ID ?
Password

[Login](#) [Reset Password](#)

Alternatively, you can login using 

To login:

- Enter your **User ID**.
- Enter your **Password**.
- Click on the [\[Login\]](#) button.

If your login credentials are correct the landing page will be displayed as follows:

Figure 7

Application 

- » [Enquire Applications](#)
- » [Registration](#)

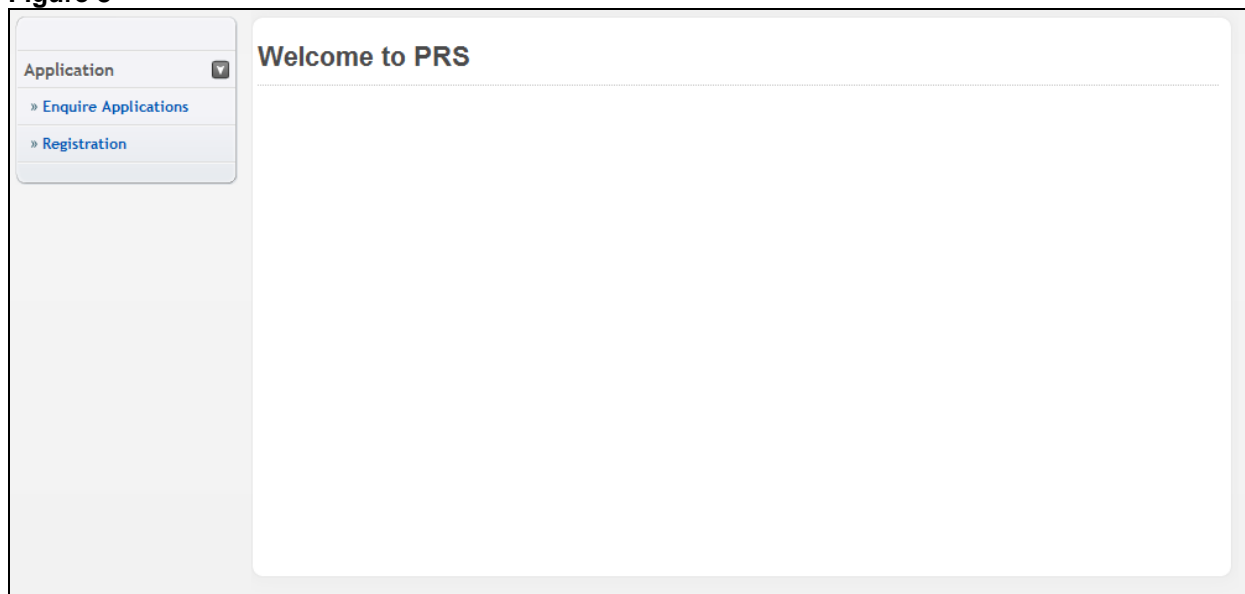
Welcome to PRS

2.3. Registration Application

You must first login to the PRS. Please refer to section 1.2 for instructions on how to login to the PRS.

The menu on the left displays the functions you have access to. To submit a Registration Application, click on the [\[Application\]](#) menu item. Click on the [\[Registration\]](#) link.

Figure 8



The Instructions page will be displayed. The following is an extract.

Figure 9

Instruction
Personal
Qualifications
Employment
Documents
Declaration
Confirmation
Payment
Acknowledgement

Instructions For Online Registration Application

INSTRUCTION 5 FOR ONLINE REGISTRATION

This online registration will take approximately 30 minutes to complete.

Before you commence online registration, please ensure you have ready the soft copies of the supporting documents, as required by the respective type of registrations:

APPLICATION FOR REGISTRATION AS DENTIST					
	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)	√	√	√	√
(b)	Copy of letter 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.		√	√	√
(d)	Copy of letter of offer of employment from prospective employer in Singapore.	√	√	√	√
(e)	Copy of 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)	Copy of certificate or letter of fitness to practice dentistry from a local Medical Practitioner.	√	√	√	√
(i)	Copy of Certificate/letter to include information on current Hepatitis B* Immunisation status. (<i>*not applicable for locally trained applicants</i>) <u>Note: Hep B carriers will not be allowed to register in Singapore.</u>	√	√	√	√

(j)	One passport-size photograph (Size of photograph is 400 X 514 pixels).	√	√	√	√
(k)	Original letter of undertaking from sponsor/employer stating purpose of application and period of registration required			√	√
(l)	Copy of identity card/passport.	√	√	√	√
(m)	Foreign applications are required to submit a copy of their State/Regional Board Certificate as part of registration requirements. Applicant must pass the relevant State/Regional Board licensing examination in the country which they attained their basic dental degree.	√	√	√	√
(n)	Foreign-trained applicants are required to completed Annex A and Annex B to facilitate source verification to be conducted with relevant authorities		√	√	√

NOTE:

The prescribed registration fee as follow :

- \$300 (non-refundable) for Full/Conditional Registrations
- \$100 (non-refundable) for Temporary Registration

Payment of above-mentioned fees can either be made via e-payments or by cheque (cheque should be crossed and make payable to "*Singapore Dental Council*").

IMPORTANT

1. Please submit the application along with the necessary supporting documents. To submit photograph, supporting documents or certificates online, please save them in JPEG (.jpeg) or PDF (.pdf) format.
2. For foreign applicants, Council will be conducting verification of identity with relevant authorities. Please complete "Release of Information Form" in Annex A and Annex B of Application for Registration Form.
3. Processing time for application - **at least 2 weeks** starting from date when:
all necessary documents are received and duly verified with relevant authorities
when payment for above-mentioned fees are received

APPLICATION FOR REGISTRATION AS ORAL HEALTH THERAPIST		
	DOCUMENTS TO BE SUBMITTED (must be translated into <u>English</u> if the original is in a Foreign language)	REGISTRATION
(a)	Copy of the basic dental qualification (and additional qualifications, if any).	✓
(b)	Copy of letter of verification from issuing authorities on all qualifications.	✓
(c)	Copy of the original certificate of registration/licence to practise dentistry from the Dental Council/ Licensing Authority in the last country of practice.	✓
(d)	Copy of letter of offer of employment from prospective employer in Singapore. For those applying for registration in Part I register, please attach proof of previous employment.	✓
(e)	Copy of the current annual practising licence issued by the licensing authority in the last country of practice.	✓
(f)	Copy of letter of good standing from the licensing authority in the last country of practice.	✓
(g)	Two letters of character reference from two referees who should be senior members of the teaching staff of the institution where the applicant had received his/her training or any two references from medical/dental professionals.	✓
(h)	Copy of Certificate or letter of fitness to practice dentistry from a local Medical Practitioner.	✓
(i)	Copy of Certificate/letter to include information on current Hepatitis B* Immunisation status. <u>Note: Hep B carriers will not be allowed to register in Singapore.</u>	
(j)	One passport-size photograph (Size of photograph is 400 X 514 pixels).	✓
(k)	Copy of identity card/passport.	✓
(l)	Foreign-trained applicants are required to completed Annex A and Annex B to facilitate source verification to be conducted with relevant authorities.	✓

NOTE:
The prescribed registration fee as follow:

- \$100 (non-refundable) for Application for registration as oral health therapist

Payment of above-mentioned fees can either be made via e-payments or by cheque (cheque should be crossed and make payable to "Singapore Dental Council").

IMPORTANT

4. Please submit the application along with the necessary supporting documents. To submit photograph, supporting documents or certificates online, please save them in JPEG (.jpeg) or PDF (.pdf) format.
5. For foreign applicants, Council will be conducting verification of identity with relevant authorities. Please complete "Release of Information Form" in Annex A and Annex B of Application for Registration Form.
6. Processing time for application - **at least 2 weeks** starting from date when:
all necessary documents are received and duly verified with relevant authorities
when payment for above-mentioned fees are received

Proceed

To proceed to the next stage of the application (i.e.: Personal Particulars)

- Click on the **[Proceed]** button at the bottom of the instructions page

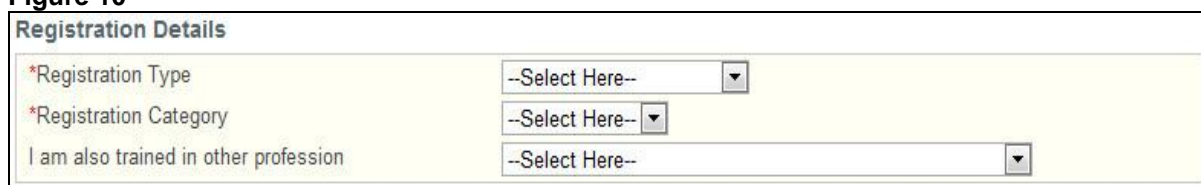
The Personal Particulars page will be displayed. It has the following sections:

- Registration Details
- Particulars of Applicant
- Residential Address in Singapore (As in NRIC)

- Other Address In Singapore
- Foreign Address
- Preferred Mailing Address
- Information on Spouse

If you have logged in with as an existing registered professional, the sections will be pre-loaded with your last known information in the system. The sections will thus be read only. To update your particulars, you will need to use the Update Particulars function. Please refer to [2.8 Update Particulars Application](#).

Figure 10



The screenshot shows a form titled "Registration Details". It contains three dropdown menus. The first is labeled "*Registration Type" with a "--Select Here--" option. The second is labeled "*Registration Category" with a "--Select Here--" option. The third is labeled "I am also trained in other profession" with a "--Select Here--" option. Each dropdown menu has a small downward arrow icon on the right side.


Registration Details

This section allows you to provide information about the type of registration that you are applying for.

- Select your **Registration Type**.
- Select your **Registration Category**.
- (Optional): You may also select another Healthcare profession that you have been trained in.

Figure 11

Particulars Of Applicant

*Identification Type	--Select Here--
*Identification No.	<input type="text"/>
*Salutation	--Select Here--
*Full Name as shown in NRIC/FIN/Passport	<input type="text"/>
*Surname / Family Name	<input type="text"/>
Preferred Order of Name?	<input type="text"/>
Name in Chinese Character	<input type="text"/>
*Gender	<input type="radio"/> Male <input type="radio"/> Female
Race	--Select Here--
*Date of Birth	dd/mm/yyyy 
*Nationality	--Select Here--
*Country/Place of Birth	--Select Here--
*Marital Status	--Select Here--
Religion	--Select Here--
Patient Contact (For Medical Doctors only)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N.A.
Year Obtained Citizenship	yyyy
Other Nationality	--Select Here--
Residential Status (for non-Singapore Citizen)	--Select Here--
Year Permanent Resident Obtained	yyyy
Year Employment Pass Obtained	yyyy
Year Work Permit Obtained	yyyy
*Preferred Email Address	<input type="text"/> (0/320)
Alternate Email Address	<input type="text"/> (0/320)
Home Telephone No.	<input type="text"/>
Office Telephone No.	<input type="text"/>
Mobile No.	<input type="text"/>

Particulars of Applicant

This section allows you to provide information about your personal particulars.

- Select your **Identification Type**.
- Select your **Identification Number**.
- Select your **Salutation**.
- Enter your **Full Name as shown in NRIC/FIN/Passport**.
- Enter your **Surname / Family Name**.
- (Optional): Enter your **Preferred Order of Name**.
- (Optional): Enter your **Name in Chinese Character**.
- Select your **Gender**.
- Select the **Race**.
- Enter your **Date of Birth** (dd/mm/yyyy)
- Select your **Nationality**.
- Select your **Country/Place of Birth**.
- Select your **Marital Status**.
- (Optional): Select your **Religion**.
- Select your **Patient Contact** status.
- Enter in **Year Obtained Citizenship**, the year that you obtained your Singapore citizenship if your original nationality was not Singapore Citizen.
- Enter your **Other Nationality** if you possess one.

- Enter your current **Residential Status** if you are not a Singapore Citizen.
- Enter the **Year Permanent Resident Obtained** if applicable.
- Enter the **Year Employment Pass Obtained** if applicable.
- Enter the **Year Work Permit Obtained** if applicable.
- Enter at least one of the following telephone numbers: **Home Telephone No.**, **Office Telephone No.**, **Mobile No.**

Figure 12

The form is titled "Residential Address in Singapore (As in NRIC)". It contains five input fields: "Postal Code", "Block/House No.", "Level - Unit No.", "Street Name", and "Building Name". The "Level - Unit No." field is split into two sub-fields separated by a hyphen. The "Street Name" and "Building Name" fields have a small hyphen icon to their right.

Residential Address in Singapore (As in NRIC)

Enter your NRIC address details if you are a Singapore Citizen or Permanent Resident.

- Enter the **Postal Code**. The **Block/House No.**, **Street Name** and **Building Name** will be populated accordingly. You may edit the **Block/House No.** if necessary.
- Enter the **Level** and **Unit No.** if applicable.

Figure 13

The form is titled "Other Address in Singapore". It contains five input fields: "Postal Code", "Block/House No.", "Level - Unit No.", "Street Name", and "Building Name". The "Level - Unit No." field is split into two sub-fields separated by a hyphen. The "Street Name" and "Building Name" fields have a small hyphen icon to their right.

Other Address in Singapore

Enter your address details in Singapore if you are not a Singapore Citizen or Permanent Resident.

- Enter the **Postal Code**. The **Block/House No.**, **Street Name** and **Building Name** will be populated accordingly. You may edit the **Block/House No.** if necessary.
- Enter the **Level** and **Unit No.** if applicable.

Figure 14

The form is titled "Foreign Address". It contains a dropdown menu for "Country" with "--Select Here--" as the placeholder. Below the dropdown are four text input fields for "Address Line 1", "Address Line 2", "Address Line 3", and "Address Line 4". At the bottom is a text input field for "Contact No.".

Foreign Address

Enter your Foreign Address details if you have a Foreign Address that you can be contacted at.

- Select the **Country**.
- Enter the details for **Address Line 1**.
- (Optional): Enter the details for **Address Line 2** if applicable.

- (Optional): Enter the details for **Address Line 3** if applicable.
- (Optional): Enter the details for **Address Line 4** if applicable.
- Enter the **Contact Number** at your Foreign Address.

Figure 15

***Preferred Mailing Address**

☐ Residential Address in Singapore (As in NRIC) ☐ Other Address In Singapore

☐ Foreign Address ☐ Principal Practice Place Address

Preferred Mailing Address

- Indicate your preferred mailing address.

Figure 16

Information On Spouse

Full Name

Nationality

Occupation

If Spouse is working in Singapore

Company Name (0/255)

Company Address

Postal Code

Block/House No.

Level - Unit No. -

Street Name

Building Name

If Spouse is a registered healthcare professional in Singapore

Singapore Health Professional Entities

Registration No. / Identification No.

If your spouse is not a healthcare professional, does he / she intend to apply for registration in Singapore?

☐ Yes ☐ No

Information on Spouse

This section allows you to enter information about your spouse, if applicable. The fields in this section are not mandatory.

- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button to proceed to the next page, Qualifications.

If the inputs pass all the required validation checks, the Qualifications page will be displayed. The following is an extract.

Figure 17

Instruction
Personal
Qualifications
Employment
Documents
Declaration
Confirmation
Payment
Acknowledgement

Application for Registration

Note: All Fields marked with asterisk (*) are mandatory.

Qualifications of Applicant

Basic Dental Qualification Obtained

*Country

Singapore

*University / Institution

UNIV 1

*Qualification Type

Qualification Title1

*Qualification

QUAL 1

Abbrev. Of Qualification

qq1

Subject Area / Specialty

--Select Here--

Programme Type

☒ Full-time
☐ Part-time

Course Duration

48 months

*Start Date

01/01/2005

*End Date

31/12/2008

*Year Obtained

2008

*Twinning Programme

☐ Yes
☒ No

Postgraduate / Post-registration Dental Qualifications Obtained

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Conferred	Action
No Postgraduate / Post-registration Qualification added.								

Add Postgraduate Qualification

Clinical / Housemanship / Internship Experience of Applicant

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

Add Clinical Experience

The Qualifications page has the following sections:

- Basic Dental Qualification Obtained
- Postgraduate / Post-registration Dental Qualifications Obtained
- Clinical / Housemanship / Internship Experience of Applicant
- Work Practice Experience
- Registration / Licensing Details (obtained outside Singapore)

Figure 18

Basic Dental Qualification Obtained

*Country: Singapore

*University / Institution: UNIV 1

*Qualification Type: Qualification Title1

*Qualification: QUAL 1

Abbrev. Of Qualification: qq1

Subject Area / Specialty: --Select Here--

Programme Type: ☒ Full-time ☐ Part-time

Course Duration: 48 months

*Start Date: 01/01/2005

*End Date: 31/12/2008

*Year Obtained: 2008

*Twinning Programme: ☐ Yes ☒ No

Basic Dental Qualification Obtained

- Select the **Country**.
- Select the **University / Institution**.
 - If others, enter the name of the University / Institution in the text box that appears.
- Select the **Qualification Type**.
 - If others, enter the Qualification Type in the text box that appears.
- Select the **Qualification**. The **Abbreviation of the Qualification** will appear accordingly. Edit if necessary.
- Select the **Subject Area / Specialty**.
 - If others, enter the name of the Subject Area / Specialty in the text box.
- Indicate whether the **Programme Type** is full time or part time.
- Enter the **Course Duration** in terms of months.
- Enter the **Start Date**.
- Enter the **End Date**.
- Enter the **Year Obtained**.
- Indicate whether the course is part of a **Twinning Programme**.
 - If Yes, enter the Twinning Partner in the text box that appears. You will be required to enter the information of all the institutions you attended as part of the Twinning Programme. Refer to the following screen.

Figure 19

Please complete the following section only if you DID NOT complete your basic qualification in the SAME University / Institution / Country.

Country	University / Institution	Start Date	End Date	Action
No Basic Qualification added.				

[Add More Rows](#)

- Click on the [\[Add More Rows\]](#) button. A pop-up window appears. Refer to the following screen.

Figure 20

*Country: --Select Here--

*University / Institution: --Select Here--

*Start Date: dd/mm/yyyy

*End Date: dd/mm/yyyy

[Save](#) [Cancel](#)

- Enter the details and click on the [\[Save\]](#) button. The pop-up will close and a record will be added to the table. Click on the [\[Cancel\]](#) button to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the University/Institution column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.
- Note: If there is a gap period of more than 30 days between the records, a text area will appear. You will be required to provide details to explain the gap period. Refer to the following screen.

Figure 21

Please specify whereabouts for the following period:

Period	Details
01/01/2001 to 31/01/2001	<div></div>

Figure 22

Postgraduate / Post-registration Dental Qualifications Obtained

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Conferred	Action
No Postgraduate / Post-registration Qualification added.								

[Add Postgraduate Qualification](#)

Postgraduate / Post-registration Dental Qualifications Obtained

- Click on the [\[Add Postgraduate Qualification\]](#) button. A pop-up window will appear. Refer to the following screen.

Figure 23

*Country

*University / Institution

*Qualification Type

*Qualification

Abbrev. Of Qualification

Programme Type ☐ Full-time ☐ Part-time

Specialty

*Year Conferred

[Save](#) [Cancel](#)

- Enter information about your qualification in the provided fields and click on the [\[Save\]](#) button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on [\[Cancel\]](#) to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the University/Institution column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 24

Clinical / Housemanship / Internship Experience of Applicant

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

Clinical / Housemanship / Internship Experience of Applicant

This section allows you to enter your Clinical, Housemanship or Internship Experience, if any.

- Click on the [\[Add Clinical Experience\]](#) button. A pop-up window appears. Refer to the following screen.

Figure 25

Clinical / Housemanship / Internship Experience of Applicant

Country	--Select Here--	
University / Institution	--Select Here--	
Department		
Discipline	--Select Here--	
Start Date (dd/mm/yyyy)		
End Date (dd/mm/yyyy)		
Total Clinical Practice Hours		

Save
Cancel

- Select the **Country**.
- Select the **University / Institution**.
 - If others, enter the University/ Institution in the text box that appears.
- (Optional): Enter the **Department**.
- (Optional): Select the **Discipline**.
 - If others, enter the Discipline in the text box that appears.
- Enter the **Start Date**.
- Enter the **End Date**.
- (Optional): Enter the total **Clinical Practice Hours**.
- Click on the [\[Save\]](#) Button to close the pop-up. A new record will be added to the table. Click on the [\[Cancel\]](#) button to close the pop-up without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the University/Institution column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 26

Work Practice Experience									
Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Work Practice Experience added.									
Add Practice Experience									

Work Practice Experience

This section allows you to provide details about your Work Practice Experience.

- Click on the [\[Add Practice Experience\]](#) button. A pop-up window appears. Refer to the following screen. All fields must be filled in for the record to be saved successfully.

Figure 27

Work Practice Experience

Date Joined (dd/mm/yyyy)	<input type="text"/>	
Date Left (dd/mm/yyyy)	<input type="text"/>	
Employer's Name	<input type="text" value="--Select Here--"/>	
Country	<input type="text" value="--Select Here--"/>	
Institution / Organisation	<input type="text" value="--Select Here--"/>	
Department	<input type="text"/>	
Grade / Designation / Appointment	<input type="text" value="--Select Here--"/>	
Type	<input type="radio"/> Full-time <input type="radio"/> Part-time	

- Enter the **Date Joined**.
- Enter the **Date Left**.
- Select the **Employer's Name**.
- Select the **Country**.
- Select the **Institution / Organisation**.
 - If others, enter the Institution/Organisation in the textbox that appears.
- Enter the **Department**.
- Select the **Grade/Designation/Appointment**.
 - If others, enter the Grade/Designation/Appointment in the textbox that appears.
- Select whether you were working **Full-time** or **Part-time**.
- Click on the **[Save]** button to save your changes and close the pop-up. A new record will be added to the table. Click on the **[Cancel]** button to close the pop-up without saving.
- Note: If there is a gap period of more than 30 days between the records, a text area will appear. You will be required to provide details to explain the gap period. Refer to the following screen.

Figure 28

Please specify whereabouts for the following period:

Period	Details
01/01/2001 to 31/01/2001	<input type="text"/>

Figure 29

Registration / Licensing Details (obtained outside Singapore)

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
-------------------------	--	----------------------------	------------------------------	----------------------	----------------	-----------------------	---------------------	--------

No Registration / Licensing Details added.




Registration / Licensing Details

This section allows you to enter details about any Registration or Licenses that you have obtained outside of Singapore.

- Click on the **[Add Licensing Details]** button. A pop-up window appears. Refer to the following screen. At least one of the fields must be filled in.

Figure 30

Licensing Details (obtained outside Singapore)

Country of Registration	--Select Here--	
Name of Council / Registration Authority		
Registration type/Category		
Registration / Licensing No.		
Date of Registration (dd/mm/yyyy)		
Current PC No.		
Current PC Start Date		
Current PC End Date		

- Enter the **Country of Registration**.
- Enter the **Name of Council / Registration Authority**.
- Enter the **Registration type/Category**.
- Enter the **Registration/ Licensing No.**
- Enter the **Date of Registration**.
- Enter the **Current PC No.**
- Enter the **Current PC Start Date**.
- Enter the **Current PC End Date**.
- Click on the [\[Save\]](#) Button to save your changes. The pop-up window will close and a new record will be added. Click on the [\[Cancel\]](#) button to close the pop-up without saving.
- Tip: You may click on the [\[Personal\]](#) link at the top of the page to return to the previous page to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button to proceed to the next page, Employment.

If all inputs pass the validation checks, the Employment page will be displayed. The following is an extract.



Figure 31

Instruction Personal Qualifications **Employment** Documents Declaration Confirmation Payment Acknowledgement

Application for Registration

Note: All Fields marked with asterisk (*) are mandatory.

Current (Singapore) Employment Details

*Activity Status	--Select Here--	
Appointment	--Select Here--	
Name of Institution / Organisation		
Nature of Work	--Select Here--	
Department / Division		
Date Joined	dd/mm/yyyy	
Date Left	dd/mm/yyyy	

The Employment page has the following sections:

- Current (Singapore) Employment Details
- Proposed (Singapore) Employment Details
- Principal Place of Practice
- Secondary Place of Practice

If you have logged in as an existing registered professional, the sections will be pre-loaded and read-only. To make changes, you must go to Update Particulars. Refer to [2.8 Update Particulars Application](#) for more information.

Figure 32

The screenshot shows a web form titled "Current (Singapore) Employment Details". It contains the following fields: "Activity Status" (dropdown menu with "--Select Here--"), "Appointment" (dropdown menu with "--Select Here--"), "Name of Institution / Organisation" (text input field), "Nature of Work" (dropdown menu with "--Select Here--"), "Department / Division" (text input field), "Date Joined" (date input field with format "dd/mm/yyyy" and a calendar icon), and "Date Left" (date input field with format "dd/mm/yyyy" and a calendar icon).

Current (Singapore) Employment Details

This section allows you to enter your current employment details in Singapore.

- Select the **Activity Status**.
 - If Not Working, select the reason in the dropdown list that appears.
 - If reason for not working is others, enter the reason in the text box that appears.
- If currently employed, select the **Appointment**.
 - If others, enter the appointment in the text box that appears.
- If currently employed, select the **Name of Institution/Organisation**.
 - Note that you will need to at least enter the first 5 characters. A list of matching Institutions/Organisations will appear. Select the correct Institution/Organisation from the list.
- If currently employed, select the **Nature of Work**.
 - If others, enter the Nature of Work in the text box that appears.
- If currently employed, select the **Department / Division**.
- If currently employed, enter the **Date Joined**.
- If currently employed, enter the **Date Left** if you will be leaving your current employment at a known future date.

Figure 33

The screenshot shows a web form titled "Proposed (Singapore) Employment Details". It contains the following fields: "Activity Status" (dropdown menu with "--Select Here--"), "Appointment" (dropdown menu with "--Select Here--"), "Name of Institution / Organisation" (text input field), "Nature of Work" (dropdown menu with "--Select Here--"), "Department / Division" (text input field), "Date Joined" (date input field with format "dd/mm/yyyy" and a calendar icon), and "Date Left" (date input field with format "dd/mm/yyyy" and a calendar icon).

Proposed (Singapore) Employment Details

This section allows you to enter information about your proposed employment details. This section is mandatory if you are currently unemployed.

- Select the **Activity Status**.
- Select the **Appointment**.
 - If others, enter the appointment in the text box that appears.
- If currently employed, select the **Name of Institution/Organisation**.
 - Note that you will need to at least enter the first 5 characters. A list of matching Institutions/Organisations will appear. Select the correct Institution/Organisation from the list.
- Select the **Nature of Work**.
 - If others, enter the Nature of Work in the text box that appears.
- Select the **Department / Division**.
- Enter the **Date Joined**.
- Enter the **Date Left** if you will be leaving your proposed employment at a known future date.

Figure 34

Principal Place of Practice

*Appointment: --Select Here--

*Name of Institution / Organisation: [Text Box]

Nature of Work: --Select Here--

Department / Division: [Text Box]

*Date Joined: dd/mm/yyyy [Calendar Icon]

Date Left: dd/mm/yyyy [Calendar Icon]

Principal Place of Practice

This section allows you to enter information about your Principal Place of Practice.

- Select the **Appointment**.
 - If others, enter the appointment in the text box that appears.
- Select the **Name of Institution/Organisation**.
 - Note that you will need to at least enter the first 5 characters. A list of matching Institutions/Organisations will appear. Select the correct Institution/Organisation from the list.
- (Optional): Select the **Nature of Work**.
 - If others, enter the Nature of Work in the text box that appears.
- Select the **Department / Division**.
- Enter the **Date Joined**.
- (Optional): Enter the **Date Left** if you will be leaving your Principal Place of Practice at a known future date.

Figure 35

Secondary Place of Practice

Name of Institution / Organisation	Appointment	Nature of Work	Department / Division	Date Joined	Date Left	Action
No Secondary Place of Practice added.						

[Add Secondary Place of Practice](#)

[Save](#) [Proceed](#)

Secondary Place of Practice

This section allows you to add information about your Secondary Places of Practice, if any.

- Click on the [\[Add Secondary Place of Practice\]](#) button. A pop-up window appears. Refer to the following screen.

Figure 36

Secondary Place of Practice

*Appointment	--Select Here--
*Name of Institution / Organisation	
Nature of Work	--Select Here--
Department / Division	
*Date Joined	dd/mm/yyyy
Date Left	dd/mm/yyyy
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

- Select the **Appointment**.
 - If others, enter the appointment in the text box that appears.
- Select the **Name of Institution/Organisation**.
 - Note that you will need to at least enter the first 5 characters. A list of matching Institutions/Organisations will appear. Select the correct Institution/Organisation from the list.
- (Optional): Select the **Nature of Work**.
 - If others, enter the Nature of Work in the text box that appears.
- Select the **Department / Division**.
- Enter the **Date Joined**.
- (Optional): Enter the **Date Left** if you will be leaving your Secondary Place of Practice at a known future date.
- Click on the [\[Save\]](#) button to save your changes and close the pop-up. A new record will be added to the table. Click on the [\[Cancel\]](#) button to close the pop-up without saving the changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the Name of Institution / Organisation column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.
- Tip: You may click on the [\[Personal\]](#) or [\[Qualifications\]](#) links to return to the previous respective pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button to proceed to the next page, Documents.

If the inputs pass all the validation checks, the Documents page will be displayed as follows. All mandatory documents must be uploaded before you will be able to proceed to the next stage. Do note the following restrictions when uploading:

- File must be in JPEG(.jpg or .jpeg) or PDF (.pdf) format.
- Each file size must not exceed 1MB.
- For Photographs, the dimensions must be 400 by 514 pixels.

Figure 37

Instruction	Personal	Qualifications	Employment	Documents	Declaration	Confirmation	Payment	Acknowledgement
-------------	----------	----------------	------------	------------------	-------------	--------------	---------	-----------------

Application for Registration

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB
- For Photograph, the dimensions must be 400 by 514 pixels

Mandatory Documents

Document Title	Basic dental qualification		
*Upload Document		<input type="button" value="Browse.."/>	<input type="button" value="Attach"/>
Document Title	Latest result slips		
*Upload Document		<input type="button" value="Browse.."/>	<input type="button" value="Attach"/>
Document Title	Letter of fitness with Hepatitis B status		
*Upload Document		<input type="button" value="Browse.."/>	<input type="button" value="Attach"/>
Document Title	Letter of verification / employment		
*Upload Document		<input type="button" value="Browse.."/>	<input type="button" value="Attach"/>
Document Title	NRIC or Passport & Employment Pass		
*Upload Document		<input type="button" value="Browse.."/>	<input type="button" value="Attach"/>
Document Title	Recent Color Photograph against White Background		
*Upload Document		<input type="button" value="Browse.."/>	<input type="button" value="Attach"/>

Additional Documents

Document Title	--Select Here--		
File		<input type="button" value="Browse.."/>	<input type="button" value="Attach"/>

Documents Attached
No document attached.

To upload a document

- Click on the **[Browse]** button. A file dialog box will appear to let you select your file.
- Select the file to upload and click on the **[Open]** button. The file dialog box closes.
- Click on the **[Attach]** button. The selected file will be uploaded.
- Tip: Click on the **[Delete]** link if you do not wish to include the uploaded document with your application.
- Tip: Click on the **[Replace]** link if you wish to replace the uploaded document with another. A popup-window will appear. Refer to the following screen.

Figure 38

Replace Document	
Note: <ul style="list-style-type: none">• File must be in JPEG(.jpg or .jpeg), PDF (.pdf).• Each file size must not exceed 1MB	
Document Title	NRIC or Passport & Employment Pass
File	<input type="text"/> Browse..
Attach	Cancel

- Click on the [\[Proceed\]](#) button. If all mandatory documents have been uploaded, the Declarations page will be displayed. The following is an extract.

Figure 39

Instruction
Personal
Qualifications
Employment
Documents
Declarations
Confirmation
Payment
Acknowledgement

Application for Registration

Note: All fields are mandatory.

Declarations by Applicant

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details in a separate document and upload supporting documents where applicable.

- Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the dental profession?
☐ Yes ☐ No
- Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a dental practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as a dental practitioner without any restriction?
☐ Yes ☐ No
- Have you ever suffered from Hepatitis B or other infectious diseases?
☐ Yes ☐ No
- Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
☐ Yes ☐ No
- Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?
☐ Yes ☐ No
- Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?
☐ Yes ☐ No

☐ I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I hereby also acknowledge that the Singapore Dental Council reserves the right to verify the information submitted on my application form with the academic bodies or the regulatory bodies of my last place of practice as listed by me. The outcome of my application may be disclosed to my prospective or current employer in Singapore.

☐ I acknowledge that the Singapore Dental Council reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Dental Council. I also understand and give my consent for the Singapore Dental Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

☐ I also authorise Singapore Dental Council to release the data provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.

Save
Proceed

- Indicate your answer for all the questions. If you answer "Yes" to any of the questions, you will be required to provide further details in the text box that appears.
- Tick the checkboxes to make your declarations.

- Tip: You may click on the [\[Personal\]](#), [\[Qualifications\]](#), [\[Employment\]](#), [\[Documents\]](#) or [\[Declarations\]](#) links to return to the respective previous page to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button to proceed to the next page, Confirmation.

If the inputs all pass the required validation checks, the confirmation page will be displayed. The Confirmation Page will display all the details that you have entered. The following is an extract.

Figure 40

Instruction	Personal	Qualifications	Employment	Documents	Declaration	Confirmation	Payment	Acknowledgement
Application for Registration								
Registration Details								
Registration Type		Full Registration						
Registration Category		New Application						
I am also trained in other profession		-						
Particulars Of Applicant								
Identification Type		NRIC						
Identification No.		S8501273H						
Salutation		Dr						
Full Name as shown in NRIC/FIN/Passport		Frank Teo						
Surname / Family Name		Teo						
Preferred Order of Name		Frank Teo						
Name in Chinese Character		-						
Gender		Male						
Race		Chinese						
Date of Birth		03/03/1985						
Nationality		SINGAPORE CITIZEN						
Country/Place of Birth		Singapore						
Marital Status		Single						
Religion		-						
Patient Contact (For Medical Doctors only)		-						
Year Obtained Citizenship		-						
Other Nationality		-						
Residential Status (for non-Singapore Citizen)		-						
Year Permanent Resident Obtained		-						
Year Employment Pass Obtained		-						
Year Work Permit Obtained		-						
Preferred Email Address		edmundloh@ncs.com.sg						
Alternate Email Address		-						
Home Telephone No.		+65 56897412						
Office Telephone No.		-						
Mobile No.		-						

To proceed to the Payment page:

- Tip: You may click on the links at the top to return to the previous pages to make changes, if necessary.
- Click on the [\[Confirm\]](#) button.

The Payment page will be displayed as follows.

Figure 41

Instruction	Personal	Qualifications	Employment	Documents	Declaration	Confirmation	Payment	Acknowledgement
Application for Registration								
Please note that the following fee(s) is/are non-refundable.								
Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)					
Application Fee of Full Registration - New Application	300.00	1	300.00					
Proceed								

To proceed to the next stage of the application

- Click on the **Proceed** button. The BillCollect payment interface will be displayed. Follow the on screen instructions to make your payment.

Once payment has been completed, the Acknowledgement page will be displayed.

Figure 42

Instruction	Personal	Qualifications	Employment	Documents	Declaration	Confirmation	Payment	Acknowledgement
Application for Registration								
Please be informed that your registration request has been submitted to Singapore Dental Council on 28/01/2013. Please print / save a copy of this acknowledgement for your reference.								
Your application no. is SDC-20130128-4292-FR								
You may check the status of your application online using the same User ID. and password. For any query, please email to enquiries@dentalcouncil.com.sg and quote the above application no.								
Please note that Singapore Dental Council will communicate directly with your prospective employer regarding any queries relating to your application.								
Print								

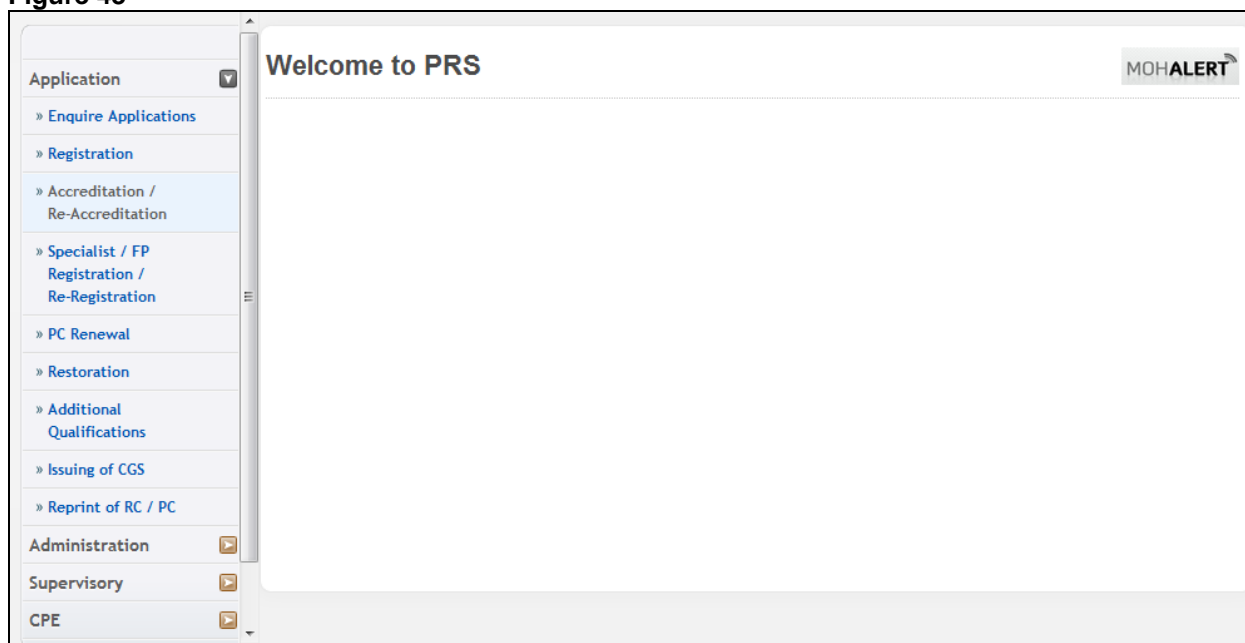
- (Optional): Click on the **email** link to email SDC for any queries, if any.
- Recommended: Click on the **Print** button to print out a copy of the acknowledgement page.

2.4. Accreditation Application

To be accredited as a Specialist, you may submit an accreditation application to seek approval. You will need to login to PRS.

After logging in, click on the [\[Accreditation\]](#) link.

Figure 43



The first page of the Accreditation application form will be displayed. The following is an extract.

Figure 44

Accreditation - Personal Qualifications Employment Documents Confirmation Specialist/FP Acknowledgement

Accreditation / Re-Accreditation of Specialist / Family Physician

Click [here](#) for important Instructions for applying accreditation online.
Note: All Fields marked with asterisk (*) are mandatory.

Accreditation Details

I wish to apply for accreditation as Dental Specialist
Specialty / Subspecialty --Select Here--

Add Specialty / Subspecialty

Specialty / Subspecialty	Action
Dental Public Health	Delete

Particulars Of Applicant

Identification Type	NRIC
Identification No.	S9510712E
Salutation	Prof
Full Name as shown in NRIC/FIN/Passport	Jerry Chan
Surname / Family Name	Chan
Preferred Order of Name?	Jerry Chan
Gender	Male
Date of Birth	01/01/1991
Nationality	AMERICAN
Country/Place of Birth	Albania
Preferred Email Address	fylau@ncs.com.sg
Alternate Email Address	-
Home Telephone No.	-

The Accreditation – Personal page has the following sections:

- Accreditation Details
- Particulars of Applicant
- Residential Address in Singapore (As in NRIC)
- Other Singapore Residential Address
- Foreign Address
- Preferred Mailing Address

If you are currently logged in as a registered professional, the Particulars of Applicant, Residential Address in Singapore (As in NRIC), Other Singapore Residential Address, Foreign Address and Preferred Mailing Address sections will be pre-loaded with your last known information in the system. These sections will be read-only. To make changes, please use the Update Particulars functions. Refer to [2.8 Update Particulars Application](#) for more information.

It is highly recommended that you click on the [\[here\]](#) hyperlink to download the instructions for applying for accreditation.

In the Accreditation Details, select whether you want to apply for Specialist Accreditation.

Figure 45

Accreditation Details	
I wish to apply for accreditation as	Dental Specialist ▾
Specialty / Subspecialty	--Select Here-- ▾
Add Specialty / Subspecialty	
Specialty / Subspecialty	Action
Dental Public Health	Delete

- Select **Specialty**.
- Select the name of your **Specialty**
- Select whether you are **Local Trained** or **Foreign Trained**.
- Click on the [\[Add Specialty\]](#) button. The specialty will be added to the table.

Figure 46

Particulars Of Applicant	
Identification Type	NRIC
Identification No.	S9510712E
Salutation	Prof
Full Name as shown in NRIC/FIN/Passport	Jerry Chan
Surname / Family Name	Chan
Preferred Order of Name?	Jerry Chan
Gender	Male
Date of Birth	01/01/1991
Nationality	AMERICAN
Country/Place of Birth	Albania
Preferred Email Address	fylau@ncs.com.sg
Alternate Email Address	-
Home Telephone No.	-
Office Telephone No.	+6598765432
Mobile No.	-

- Your particulars will be pre-loaded and read-only.

Figure 47

Residential Address In Singapore (As in NRIC)	
Postal Code	730317
Block/House No.	317
Level - Unit No.	-
Street Name	WOODLANDS STREET 31
Building Name	-

- Your Residential Address in Singapore will be pre-loaded and read-only.

Figure 48

Other Address In Singapore	
Postal Code	730317
Block/House No.	317
Level - Unit No.	12 - 12
Street Name	WOODLANDS STREET 31
Building Name	-

- Your Other Address in Singapore, if available, will be pre-loaded and read-only.

Figure 49

Foreign Address	
Country	-
Address Line 1	-
Address Line 2	-
Address Line 3	-
Address Line 4	-
Contact No.	-

- Your Foreign Address, if available, will be pre-loaded and read-only.

Figure 50

Preferred mailing address	Residential Address in Singapore (As in NRIC)
Save	Proceed

- Your preferred mailing address will be pre-loaded and read-only.
- Tip: Click on the **[Save]** button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the **[Proceed]** button.

If the inputs pass all the required validation checks, the Qualifications page will be displayed. The following is an extract.

Figure 51

Accreditation - Personal	Qualifications	Employment	Documents	Confirmation	Specialist/FP	Acknowledgement	
Accreditation / Re-Accreditation of Specialist / Family Physician							
Note: All Fields marked with asterisk (*) are mandatory.							
Qualifications of Applicant							
Basic Dental Qualification Obtained <i>Please attach certified-true copy of your basic Dental qualification if it was not registered previously.</i>							
Country	China						
University / Institution	UNIV 3						
Qualification Type	Qualification Title1						
Qualification	QUAL 3						
Abbrev. Of Qualification	qq3						
Year Obtained	2004						
Postgraduate / Post-registration Dental Qualifications Obtained							
Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Specialty	Year Obtained	Action
No Postgraduate Qualification added.							
Add Postgraduate Qualification							

The Qualifications page has the following sections:

- Basic Dental Qualification Obtained

- Postgraduate / Post-registration Dental Qualifications Obtained
- Completion of Specialist Training Programme
- Accreditation Authority
- Registration with other Regulatory Bodies

Figure 52

Qualifications of Applicant	
Basic Dental Qualification Obtained	
<i>Please attach certified-true copy of your basic Dental qualification if it was not registered previously.</i>	
Country	China
University / Institution	UNIV 3
Qualification Type	Qualification Title1
Qualification	QUAL 3
Abbrev. Of Qualification	qq3
Year Obtained	2004

Basic Dental Qualification Obtained

This section will be pre-loaded. The fields will be read-only.

Figure 53

Postgraduate / Post-registration Dental Qualifications Obtained							
Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Specialty	Year Obtained	Action
No Postgraduate Qualification added.							
Add Postgraduate Qualification							

Postgraduate / Post-registration Dental Qualifications Obtained

This section allows you to enter information about any Postgraduate / Post-registration Qualifications that you have obtained that are relevant to your accreditation application.

- Click on the [\[Add Postgraduate Qualification\]](#) button. A pop-up window will appear. Refer to the following screen. Note that the table will be pre-loaded with your Postgraduate / Post-Registrations stored in PRS. Pre-loaded data will be non-editable.

Figure 54

Postgraduate / Post-registration Dental Qualifications Obtained	
Basic Dental Qualification Obtained	
<i>Please attach certified-true copy of your basic Dental qualification if it was not registered previously. You are advised to register your postgraduate qualifications with Singapore Dental Council before applying.</i>	
*Country	--Select Here-- ▾
*University / Institution	--Select Here-- ▾
*Qualification Type	--Select Here-- ▾
*Qualification	--Select Here-- ▾
Abbrev. Of Qualification	<input type="text"/>
Specialty	--Select Here-- ▾
*Year Obtained	<input type="text"/>
Save Cancel	

- Enter information about your qualification in the provided fields and click on the **[Save]** button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on **[Cancel]** to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the University/Institution column.
- Tip: To delete a record, click on the respective **[Delete]** hyperlink.

Figure 55


Completion of Specialist Training Programme								
Country	Specialty	Specialist Training Programme	Sponsoring Institution (SI)	Date Eligible for Accreditation	Year Completed	Duration (mths)	Training Areas	Action
No Training Programme added.								
Add Training Programme								

Completion of Specialist Training Programme

This section allows you to provide information about any Specialist Training Programmes that you have completed.

- Click on the **[Add Training Programme]** button. A pop-up window will appear. Refer to the following screen.

Figure 56

Completion of Specialist Training Programme	
<i>Please fill in this section if you have completed an approved specialist training programme.</i>	
*Country	--Select Here--
*Specialty	--Select Here--
*Specialist Training Programme	<input type="radio"/> JCST <input type="radio"/> Residency <input type="radio"/> Others
Year Obtained	yyyy
Duration	<input type="text"/> mths
Training Areas	<div></div>
*Date Eligible for Accreditation	dd/mm/yyyy 
Save	Cancel

- Enter information about your Specialist Training Programmes in the provided fields and click on the **[Save]** button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on **[Cancel]** to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the Country column.
- Tip: To delete a record, click on the respective **[Delete]** hyperlink.

Figure 57

Accreditation Authority			
Name of Authority	Year	Specialty	Action
UK Specialist Accreditation Board	2000	Internal Medicine	Delete
Add Accreditation Authority			

Accreditation Authority

This section allows you to enter information about any accreditations that you have previously received.

- Click on the [\[Add Accreditation Authority\]](#) button. A pop-up window will appear. Refer to the following screen.

Figure 58

Accreditation Authority

Please fill in this section if you have been accredited as a specialist by an overseas authority.

*Name of Authority

*Year

*Specialty

[Save](#) [Cancel](#)

- Enter information about your received accreditations in the provided fields and click on the [\[Save\]](#) button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on [\[Cancel\]](#) to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the Name of Authority column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 59

Registration with other Regulatory Bodies						
Country	Name of Regulatory Body	License / Registration No.	Registered in the specialty of	Date of specialist registration	Remarks	Action
United Kingdom	John Lee	12345X	Internal Medicine	01/01/2001	NIL	Delete
Add another Registration						
Save Proceed						

Registration with other Regulatory Bodies

This section allows you to enter information about any specialist registrations you have with other regulatory bodies.

- Click on the [\[Add another Registration\]](#) button. A pop-up window will appear. Refer to the following screen.

Figure 60

Registration with other Regulatory Bodies

*Country

*Name of Regulatory Body

*License / Registration No.

*Registered in the specialty of

*Date of specialist/FP registration

Remarks

(0/500)

Save **Cancel**

- Enter information about your received specialist registrations in the provided fields and click on the **[Save]** button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on **[Cancel]** to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the Country column.
- Tip: To delete a record, click on the respective **[Delete]** hyperlink.

To proceed to the Employment page:

- Tip: You may click on the **[Accreditation - Personal]** link at the top of the page to return to the previous page to make changes, if necessary.
- Click on the **[Save]** button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to 2.13 Enquire Applications for more information.
- Click on the **[Proceed]** button.

If all inputs pass the validation checks, the Employment page will be displayed. The following is an extract.

Figure 61

Accreditation - Personal
Qualifications
Employment
Documents
Confirmation
Specialist/FP
Acknowledgement

Accreditation / Re-Accreditation of Specialist / Family Physician

Note: All Fields marked with asterisk (*) are mandatory.

Current (Singapore) Employment Details

Activity Status	Working Full-time in Singapore
Appointment	Adjunct Scientist
Name of Institution / Organisation	National Healthcare Group Polyclinics 89 Hougang Ave 4 #01-01 NHG Polyclinic Singapore 538829
Nature of Work	-
Specialty	--Select Here--
Department / Division	-
Date Joined	01/01/2008
Date Left	-

Proposed (Singapore) Employment Details

Activity Status	-
-----------------	---

The Employment page consists of the following sections:

- Current (Singapore) Employment Details
- Proposed (Singapore) Employment Details
- Principal Place of Practice
- Secondary Place of Practice
- Training / Past Work Experience

Note that the information will be pre-loaded for this section. All pre-loaded information will be read-only.

Figure 62

Current (Singapore) Employment Details

Activity Status	Working Full-time in Singapore
Appointment	Adjunct Scientist
Name of Institution / Organisation	National Healthcare Group Polyclinics 89 Hougang Ave 4 #01-01 NHG Polyclinic Singapore 538829
Nature of Work	-
Specialty	--Select Here--
Department / Division	-
Date Joined	01/01/2008
Date Left	-

Current (Singapore) Employment Details

This section allows you to view your current employment details in Singapore. Note that except for the Specialty dropdown list, the rest of this section will be read-only.

- Select the **Specialty**.

Figure 63

Proposed (Singapore) Employment Details	
Activity Status	-

Proposed (Singapore) Employment Details

This section displays information about your proposed employment details, if available. Note that this section will be read-only.

Figure 64

Principal Place of Practice	
Appointment	Dental Officer
Name of Institution / Organisation	SingHealth Polyclinic 212 Bedok North Street 1 #03-147 Singhealth Polyclinic Singapore 460212
Nature of Work	Clinical
Specialty	--Select Here--
Department / Division	Depart 1
Date Joined	15/10/2012
Date Left	-

Principal Place of Practice

This section displays information about your Principal Place of Practice. Note that only **Specialty** is editable.

Figure 65

Secondary Place of Practice							
Appointment	Name of Institution / Organisation	Nature of Work	Specialty	Department / Division	Date Joined	Date Left	Action
Dental Officer	Singapore General Hospital Pte Ltd 4 Outram Road #01-01 Singapore General Hospital Singapore 169608	Clinical	-	Depart 1	15/10/2012	-	

Secondary Place of Practice

This section displays information about your Secondary Places of Practice, if any. Note that for records that are pre-loaded, you may only edit the "Specialty"

Figure 66

Secondary Place of Practice	
*Appointment	Dental Officer
*Name of Institution / Organisation	Singapore General Hospital Pte Ltd 4 Outram Road #01-01 Singapore General Hospital Singapore 169608
Nature of Work	Clinical
Specialty	--Select Here--
Department / Division	Depart 1
*Date Joined	15/10/2012
Date Left	-
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

- To change the details of an added record, click on the respective hyperlink in the Appointment column. Note that you may only edit the **Specialty**.

- Click on the [\[Save\]](#) button to save your changes and close the pop-up. If the inputs pass the validation checks, a new record will be added to the table. Click on the [\[Cancel\]](#) button to close the pop-up without saving the changes.
- To delete a record, click on the respective [\[Delete\]](#) hyperlink. Please note that pre-loaded records cannot be deleted.

Figure 67

Training / Past Work Experience									
Date Joined	Date Left	Type	Appointment	Employer's Name	Country	Institution / Organisation	Department	Work Description	Action
No Work Practice added.									
Please specify whereabouts for the following period:									
Period					Details				
No Period added.									
Save		Proceed							

Training / Past Work Experience

This section displays information about your training or past work experiences. Note that this section will be read-only.

To proceed to the Documents page:

- Tip: You may click on the [\[Accreditation - Personal\]](#) or [\[Qualifications\]](#) links to return to the previous respective pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button to proceed to the next page, Documents.

If the inputs pass all the validation checks, the Documents page will be displayed as follows. All mandatory documents must be uploaded before you will be able to proceed to the next stage. Do note the following restrictions when uploading:

- File must be in JPEG(.jpg or .jpeg) or PDF (.pdf) format.
- Each file size must not exceed 1MB.
- For Photographs, the dimensions must be 400 by 514 pixels.

Figure 68

Accreditation - Personal
Qualifications
Employment
Documents
Confirmation
Specialist/FP
Acknowledgement

Accreditation / Re-Accreditation of Specialist / Family Physician

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB
- For Photograph, the dimensions must be 400 by 514 pixels

Mandatory Documents

Document Title	Basic Dental Qualification	
*Upload Document	<input type="text"/>	Browse.. Attach
Document Title	Logbook	
*Upload Document	<input type="text"/>	Browse.. Attach
Document Title	Postgraduate Dental Qualification(s)	
*Upload Document	<input type="text"/>	Browse.. Attach

Additional Documents

Document Title	<input type="text" value="--Select Here--"/>
File	<input type="text"/> Browse.. Attach

Documents Attached		
Postgraduate Dental Qualification(s)	Replace	Delete
Basic Dental Qualification	Replace	Delete
Logbook	Replace	Delete

☐ I declare that all information given in this application form is true to the best of my knowledge.

☐ I hereby also acknowledge that the Dental Specialists Accreditation Board reserves the right to verify the information submitted on my application form, with the academic bodies or the employer(s) listed by me. The information in the application may be shared with the Singapore Dental Council and the outcome of my application may be disclosed to my prospective or current employer in Singapore.

[Proceed](#)

To upload a document

- Click on the [\[Browse\]](#) button. A file dialog box will appear to let you select your file.
- Select the file to upload and click on the [\[Open\]](#) button. The file dialog box closes.
- Click on the [\[Attach\]](#) button. The selected file will be uploaded.
- Tip: Click on the [\[Delete\]](#) link if you do not wish to include the uploaded document with your application.
- Tip: Click on the [\[Replace\]](#) link if you wish to replace the uploaded document with another. A popup-window will appear. Refer to the following screen.

Figure 69

Replace Additional Document

Replace Document

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title	Postgraduate Medical Qualification(s)	
File	<input type="text"/>	Browse..

[Attach](#)
[Cancel](#)

- Click on the [\[Proceed\]](#) button. If all mandatory documents have been uploaded, the Confirmation page will be displayed. The following is an extract.

Figure 70

Accreditation - Personal
Qualifications
Employment
Documents
[Confirmation](#)
Specialist/FP
Acknowledgement

Accreditation / Re-Accreditation of Specialist / Family Physician

Accreditation Details

I wish to apply for accreditation as
Dental Specialist

Specialty / Subspecialty
Endodontics

Particulars Of Applicant

Identification Type	NRIC
Identification No.	S9510712E
Salutation	Prof
Full Name as shown in NRIC/FIN/Passport	Jerry Chan
Surname / Family Name	Chan
Preferred Order of Name?	Jerry Chan
Gender	Male
Date of Birth	01/01/1991
Nationality	AMERICAN
Country/Place of Birth	Albania
Preferred Email Address	fylau@ncs.com.sg
Alternate Email Address	-
Home Telephone No.	-
Office Telephone No.	+6598765432
Mobile No.	-

To proceed to the Specialist page:

- Tip: You may click on the links at the top to return to the previous pages to make changes, if necessary.
- Click on the [\[Confirm\]](#) button.

The Specialist/FP page will be displayed as follows.

Figure 71

The screenshot shows a web interface for the 'Specialist/FP' step. At the top, a navigation bar includes 'Accreditation - Personal', 'Qualifications', 'Employment', 'Documents', 'Confirmation', 'Specialist/FP' (highlighted), and 'Acknowledgement'. Below the bar, the title is 'Accreditation / Re-Accreditation of Specialist / Family Physician'. The main text asks: 'You have the option of submitting a concurrent application for Dental Specialist Registration. Do you wish to proceed now?' with radio buttons for 'Yes' and 'No'. A note states: 'Please note that the following fee(s) is/are non-refundable. If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.' Below this is a table with 4 columns: 'Fee Type', 'Unit Price (SGD)', 'Quantity', and 'Amount Due (SGD)'. The table contains one row: 'Application Fee of Specialist Registration', '500.00', '1', and '500.00'. At the bottom left is a 'Proceed' button.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application Fee of Specialist Registration	500.00	1	500.00

To proceed to the Acknowledgement page:

- Indicate if you wish to also submit a Specialist Registration application.
- Click on the [Proceed] button.

If “Yes” was selected, the BillCollect payment interface will be displayed. Follow the on-screen instructions to make payment. Once payment has been made, the Acknowledgement page will be displayed.

Figure 72

The screenshot shows a web interface for the 'Acknowledgement' step. At the top, a navigation bar includes 'Accreditation - Personal', 'Qualifications', 'Employment', 'Documents', 'Confirmation', 'Specialist/FP', and 'Acknowledgement' (highlighted). Below the bar, the title is 'Acknowledgement for Accreditation / Re-accreditation and Dental Specialist Registration'. The main text states: 'Please be informed that your accreditation / re-accreditation and Dental Specialist Registration request has been submitted to Dental Specialists Accreditation Board and Singapore Dental Council on 16/04/2013. Please print / save a copy of this acknowledgement for your reference.' It then provides application numbers: 'Your Accreditation / Re-accreditation application no. is DSAB-20130416-0003-SA.' and 'Your Dental Specialist Registration application no. is SDC-20130416-0003-DS.' It also includes contact information: 'You may check the status of your application online using the same User ID, and password. For any query, please email to moh_dsab@moh.gov.sg and quote the above application no.' Below this is a link 'Rate this service' and a 'Print' button.

If “No” was selected, the Acknowledgement page will be displayed.

Figure 73

Accreditation - Personal Qualifications Employment Documents Confirmation Specialist/FP **Acknowledgement**

Acknowledgement for Accreditation

Please be informed that your accreditation request has been submitted to Dental Specialists Accreditation Board on 06/05/2013. Please note that you are required to submit a Registration application online.

Your application no. is DSAB-20130506-0002-SA.

Please print / save a copy of this acknowledgement for your reference. You may check the status of your application online using the same User ID. and password. For any query, please email to moh_dsab@moh.gov.sg and quote the above application no. Please note that you will need to submit a Dental Specialist Registration separately if you have not done so.

[Rate this service](#)

Print

- (Optional): Click on the [\[email\]](#) link to email your queries pertaining to the application, if any.
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.5. Specialist Registration Application

To submit a Specialist Registration Application, you must first login to PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in, click on the [\[Specialist Registration\]](#) link.

Figure 74

Application

- » Enquire Applications
- » Registration
- » Accreditation / Re-Accreditation
- » Specialist / FP Registration / Re-Registration
- » PC Renewal
- » Restoration
- » Additional Qualifications
- » Issuing of CGS
- » Reprint of RC / PC

Administration

Supervisory

CPE

Welcome to PRS

MOHALERT

The Specialist application form will be displayed. Select to apply for Specialist Registration.

Figure 75

If “Specialist” is selected:

- Select **Specialty**
- Select the name of your **Specialty**
- Select whether you are **Local Trained** or **Foreign Trained**.
- Click on the [\[Add Specialty\]](#) button. The specialty will be added to the table.

To proceed to the Confirmation page:

- Upload the necessary supporting documents to accompany your application.
- Tip: Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs pass the required validation checks, the confirmation page will be displayed.

Figure 76

To proceed to the Payment page:

- Tip: You may click on the links at the top to return to the previous pages to make changes, if necessary.

- Click on the [\[Confirm\]](#) button.

The Payment page will be displayed.

Figure 77

The screenshot shows the 'Payment' step in a four-step process: Specialist/Family Physician - Form, Confirmation, Payment, and Acknowledgement. The title is 'Registration of Specialist'. A note states: 'Please kindly note that the following fee(s) is/are non-refundable'. Below this is a table with the following data:

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application fee for Specialist Registration	XX.XX	1	XX.XX

At the bottom, there is a 'Proceed' button.

To proceed to the Acknowledgement page:

- Click on the [\[Proceed\]](#) button. The BillCollect payment interface will be displayed. Follow the on screen instructions to make your payment.

Once payment has been completed, the Acknowledgement page will be displayed.

Figure 78

The screenshot shows the 'Acknowledgement' step in a four-step process: Specialist/Family Physician - Form, Confirmation, Payment, and Acknowledgement. The title is 'Acknowledgement for Dental Specialist Registration'. The text reads: 'Please be informed that your Dental Specialist Registration request has been submitted to Singapore Dental Council on 16/04/2013. Please print / save a copy of this acknowledgement for your reference.' It then states: 'Your application no. is SDC-20130416-0004-DS.' and 'You may check the status of your application online using the same User ID. and password. For any query, please email to enquiries@dentalcouncil.gov.sg and quote the above application'. There is a link 'Rate this service' and a 'Print' button at the bottom.

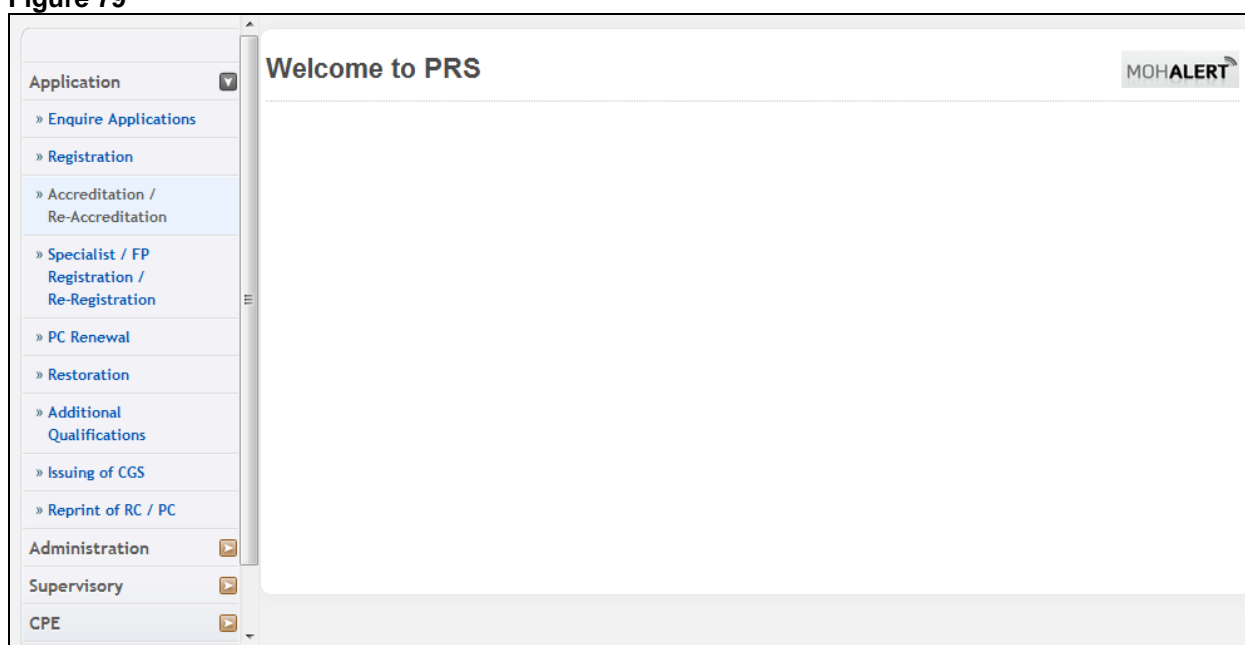
- (Optional): Click on the [\[email\]](#) link to email SDC for any queries pertaining to the application, if any.
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.6. PC Renewal Application

To submit a PC Renewal Application, you must first login to PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in, click on the [\[PC Renewal\]](#) link.

Figure 79



If you are eligible for PC Renewal, the first page of the PC Renewal and Off-Register application process will be displayed. Please review the Personal Particulars section and the Employment Details section. If they are outdated, please update them using the Update Particulars function. Refer to [2.8 Update Particulars Application](#) for more information. The following is an extract of the first page.

Figure 80

PC Renewal - Update Particulars
Form
Declarations
Confirmation
Payment
Acknowledgement

PC Renewal

Click [here](#) for important Instructions for applying renewal online.

PC Renewal Details

Current PC Type	-
-----------------	---

Renewal Criteria	Status
CPE/Patient Care points	Waived
Election	Met Requirement
BCLS Certification	-

Personal Particulars

Identification Type	NRIC
Identification No.	S5373534G
Full Name as shown in NRIC/FIN/Passport	Jerry Chan
Salutation	Prof
Surname / Family Name	Chan
Preferred Order of Name	Jerry Chan
Name in Chinese Character	-
Nationality	ALBANIAN
Marital Status	Cohabitated
Religion	Christianity
Year Obtained Citizenship	-
Other Nationality	AFGHAN
Residential Status (for non-Singapore Citizen)	Singapore Permanent Resident
Year Permanent Resident Obtained	2000

The first page will have the following sections:

- PC Renewal Details: This section will display whether you satisfy the renewal requirements.
- Personal Particulars: This section will display your last known personal particulars as stored in PRS.
- Employment Details: This section will display your last known Employment Details as stored in PRS.

To proceed to the Application Form page:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting a PC Renewal and Off-Register application.
- Indicate that the information is correct.
- Click on the [\[Proceed\]](#) button.

If the inputs all pass the required validation checks, the Application Form page will be displayed as follows.

Figure 81

[PC Renewal - Update Particulars](#) **Form** Declarations Confirmation Payment Acknowledgement

Renewal

Click [here](#) for important Instructions for applying renewal online.

PC Renewal Details

*PC Type ☐ Full-fee (2 years) ☐ Full-fee (1 year) ☐ Lower-fee (2 years) ☐ Lower-fee (1 year)

S/N	Practising Certificate	Expiry Date	Payment Due Date	*Renew?
1	Dentist	31/12/2012	30/11/2012	<input type="checkbox"/>

*Send PC by ☐ Normal Mail ☐ Registered Mail ☐ Self-Collection

Upload Documents

Note:

- File must be in JPEG (.jpg or .jpeg), PDF (.pdf)
- Each file size must not exceed 1 MB
- For Photograph, the dimensions must be 400 by 514 pixels

Mandatory Documents

Document Title Photograph

*File

Additional Documents

Document Title --Select Here--

File

Documents Added		
Document ABC	Replace	Delete

To proceed to the Declarations page:

- Select the **PC Type**.
- Indicate your preferred collection method.
 - Important: If "Registered Mail" is selected, please note that an additional \$10 will be chargeable.
- Upload all mandatory documents.
- Upload any additional documents that you will require to support your application.
- Tip: You may click on the links on top to return to the previous pages to make changes, if necessary.
- Click on the **[Save]** button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the **[Proceed]** button.

If the inputs all pass the required validation checks, the declaration page will be displayed as follows.

Figure 82

[PC-Renewal - Update Particulars](#) [Form](#) **Declarations** [Confirmation](#) [Payment](#) [Acknowledgement](#)

Restoration of Registration

Note: All fields are mandatory.

Declarations by Applicant

Please answer all questions. If you have answered "Yes" to any of the questions, please provide full details in a separate document and upload supporting documents where applicable.

1. Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the dental profession?
☐ Yes ☐ No
2. Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?
☐ Yes ☐ No
3. Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a dental practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as a dental practitioner without any restriction?
☐ Yes ☐ No
4. Have you ever suffered from Hepatitis B or other infectious diseases?
☐ Yes ☐ No
5. Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?
☐ Yes ☐ No

☐ I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact

☐ I acknowledge that the Singapore Dental Council reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Dental Council. I also understand and give my consent for the Singapore Dental Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

[Save](#) [Proceed](#)

To proceed to the Confirmation page:

- Indicate your answer for all the questions and make your declarations.
- Tip: You may click on the links on top to return to the previous pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs pass the required validation checks, the Confirmation page will be displayed. The details that you have submitted for your PC Renewal application will be displayed.

Figure 83

[PC Renewal - Update Particulars](#)
[Form](#)
[Declarations](#)
[Confirmation](#)
[Payment](#)
[Acknowledgement](#)

PC Renewal

PC Renewal Details

*PC Type	Full-fee (2 years) - Dentist
*Send PC by	Self-Collection

Renewals Requested

S/N	Practising Certificate	Current Expiry Date	Payment Due Date
1	Dentist	31/12/2011	15/12/2011

Attached Documents

[Recent Color Photograph against White Background](#)

Declaration

- Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the dental profession?
No
-
- Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?
No
-
- Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a dental practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as a dental practitioner without any restriction?
No
-
- Have you ever suffered from Hepatitis B or other infectious diseases?
No
-
- Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?
No
-

☒ I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.
 ☒ I acknowledge that the Singapore Dental Council reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Dental Council. I also understand and give my consent for the Singapore Dental Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

To proceed to the Payment page:

- Tip: You may click on the links on top to return to the previous pages to make changes, if necessary.

- Click on the [\[Confirm\]](#) button.

If the inputs all pass the required validation checks, the payment page will be displayed.

Figure 84

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application Fee of Full-fee (2 years) - Dentist	600.00	1	600.00

To proceed to the Acknowledgement page:

- Tick **Employer Pay on Behalf** if you have the necessary arrangements made with your employer.
- Click on the [\[Proceed\]](#) button.

If your employer is not paying on your behalf, the BillCollect payment interface will be displayed. Follow the on screen instructions to make payment. Once payment is completed, the acknowledgement page will be displayed.

Figure 85

Your application no. is:
SDC-20130416-0006-PCR

You may check the status of your application online using the same User ID and password. For any query, please email to enquiries@dentalcouncil.gov.sg and quote the above application

[Rate this service](#)

- (Optional): Click on the [\[email\]](#) link to email the SDC for any queries, if any.
- Recommended: Click on [\[Print\]](#) button to print out a copy of the acknowledgement page.

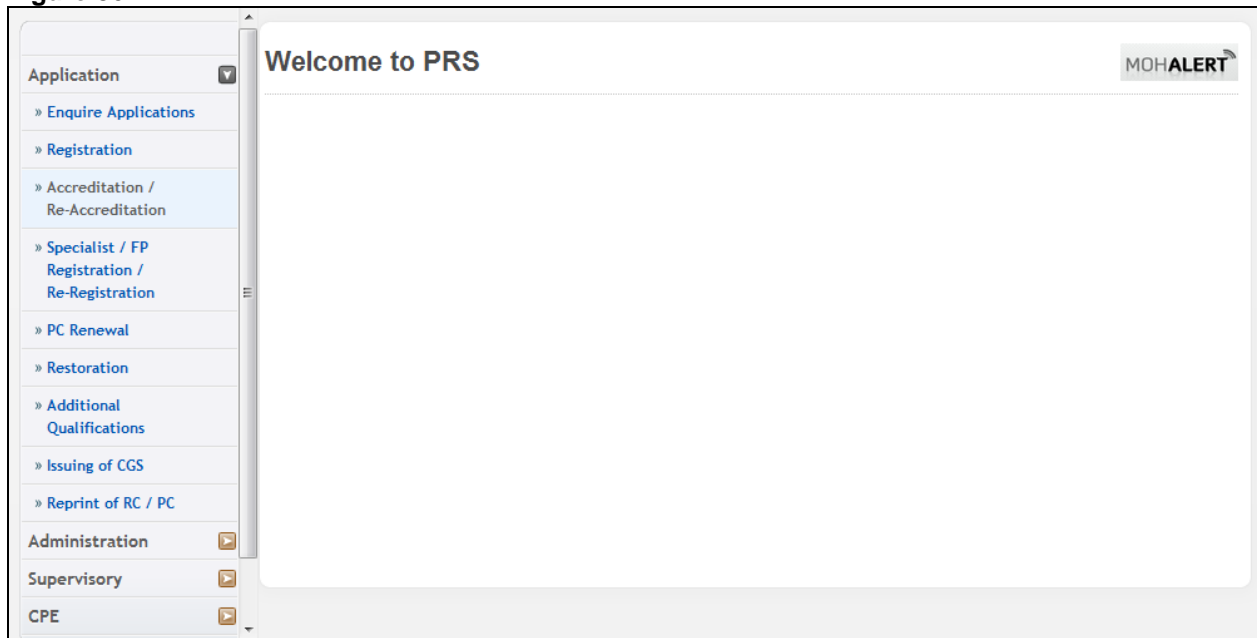
2.7. Restoration Application

If you are currently Off Register and were previously on Full Registration, you may apply to have your registration restored. You will first need to login to PRS. Refer to [2.2 Login to the PRS](#) for more details.

Please note that you will be required to fulfil your CPE and BCLS requirements to be considered for Restoration.

After logging in, click on the [\[Restoration\]](#) link.

Figure 86



The Restoration application form will be displayed. The following is an extract.

Figure 87

Restoration - Form
Upload Documents
Declarations
Confirmation
Payment
Acknowledgement

Restoration Form

Click [here](#) for important Instructions for applying restoration online.
Note: All Fields marked with asterisk (*) are mandatory.

Restoration Details

Please select the registers you wish to restore

	Register	Status
<input type="checkbox"/>	Dentist	Off Register

*Reason for restoration

(0/2000)

Personal Particulars

Identification Type	NRIC
Identification No.	S9510712E
Full Name as shown in NRIC/FIN/Passport	Jerry Chan
Salutation	Prof
Surname / Family Name	Chan
Preferred Order of Name	Jerry Chan
Name in Chinese Character	-
Nationality	AMERICAN
Marital Status	Divorced
Religion	Hinduism
Year Obtained Citizenship	-
Other Nationality	ALBANIAN

The Restoration application form has the following sections:

- Restoration Details: Displays your restoration options.
- Personal Particulars: Displays your last known personal particulars information stored in PRS.
- Employment Details: Displays your last known employment details stored in PRS.

The Personal Particulars and Employment Details section are read only. You may update the information from the Update Particulars module. Please refer to [2.8 Update Particulars Application](#) for more information.

To proceed to the Documents page:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting a Restoration application.
- Tick the register you wish to have restored.
- Enter **Reason for Restoration**.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs all pass the required validation checks, the Documents page will be displayed as follows.

Figure 88

Restoration - Form **Upload Documents** Declarations Confirmation Payment Acknowledgement

Upload Documents of Restoration

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Additional Documents

Document Title	--Select Here--	
File	<input type="text"/>	<input type="button" value="Browse.."/> <input type="button" value="Attach"/>

Documents Attached

No document attached.

To proceed to the Declarations page:

- Upload all documents necessary for supporting your Restoration application.
- Tip: You may click on the [\[Restoration - Form\]](#) link to return to the previous respective page to make changes, if necessary.
- Click on the [\[Proceed\]](#) button.

If the inputs all pass the required validation checks, the Declarations page will be displayed.

Figure 89

[Restoration – Form](#)
[Upload Documents](#)
[Declarations](#)
[Confirmation](#)
[Payment](#)
[Acknowledgement](#)

Restoration of Registration

Note: All fields are mandatory.

Declarations by Applicant

Please answer all questions. If you have answered “Yes” to any of the questions, please provide full details in a separate document and upload supporting documents where applicable.

- Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the dental profession?
☐ Yes ☐ No
- Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a dental practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as a dental practitioner without any restriction?
☐ Yes ☐ No
- Have you ever suffered from Hepatitis B or other infectious diseases?
☐ Yes ☐ No
- Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
☐ Yes ☐ No
- Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?
☐ Yes ☐ No
- Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?
☐ Yes ☐ No

☐ I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I hereby also acknowledge that the Singapore Dental Council reserves the right to verify the information submitted on my application form with the academic bodies or the regulatory bodies of my last place of practice as listed by me. The outcome of my application may be disclosed to my prospective or current employer in Singapore.

☐ I acknowledge that the Singapore Dental Council reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Dental Council. I also understand and give my consent for the Singapore Dental Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

☐ I also authorise Singapore Dental Council to release the data provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.

[Save](#)
[Proceed](#)

To proceed to the Confirmation page:

- Indicate your answers for the questions. If you answer “Yes” to any of the questions, you will be required to provide further details in the text boxes that appear.
- Make your declarations.
- Tip: You may click on the [\[Restoration - Form\]](#) or [\[Documents\]](#) links to return to the previous respective pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs pass the required validation checks, the Confirmation page will be displayed. The following is an extract.

Figure 90

Restoration - Form
Upload Documents
Declarations
Confirmation
Payment
Acknowledgement

Confirmation of Restoration

Restoration Details

Register	Status
Dentist	Off Register

Reason for restoration	q
------------------------	---

Personal Particulars

Identification Type	NRIC
Identification No.	S9510712E
Full Name as shown in NRIC/FIN/Passport	Jerry Chan
Salutation	Prof
Surname / Family Name	Chan
Preferred Order of Name	Jerry Chan
Name in Chinese Character	-
Nationality	AMERICAN
Marital Status	Divorced
Religion	Hinduism
Year Obtained Citizenship	-
Other Nationality	ALBANIAN
Residential Status (for non-Singapore Citizen)	-
Year Permanent Resident Obtained	2000
Year Employment Pass Obtained	2000
Year Work Permit Obtained	-
Preferred Email Address	fylau@ncs.com.sg
Alternate Email Address	-
Home Telephone No.	-
Office Telephone No.	+65 98765432
Mobile No.	-

To proceed to the Payment page:

- Tip: You may click on the [\[Restoration - Form\]](#), [\[Documents\]](#) or [\[Declarations\]](#) links to return to the previous respective pages to make changes, if necessary.
- Click on the [\[Confirm\]](#) button.

The payment page will be displayed.

Figure 91

Restoration - Form Upload Documents Declarations Confirmation **Payment** Acknowledgement

Payment of Restoration

Please kindly note that the following fee(s) is/are non-refundable
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application Fee of Dentist	300.00	1	300.00

Proceed

To proceed to the Acknowledgement page:

- Click on the **Proceed** button. The BillCollect payment interface will be displayed. Follow the on screen instructions to make payment.

After payment has been successfully made, the Acknowledgement page will be displayed.

Figure 92

Restoration - Form Upload Documents Declarations Confirmation Payment **Acknowledgement**

Acknowledgement of Restoration

Please be informed that your restoration request has been submitted to Singapore Dental Council on 16/04/2013. Please print / save a copy of this acknowledgement for your reference.

Your application no. is SDC-20130416-0007-ROR
You may check the status of your application online using the same User ID and password. For any query, please email to enquiries@dentalcouncil.gov.sg and quote the above application no.

[Rate this service](#)

Print

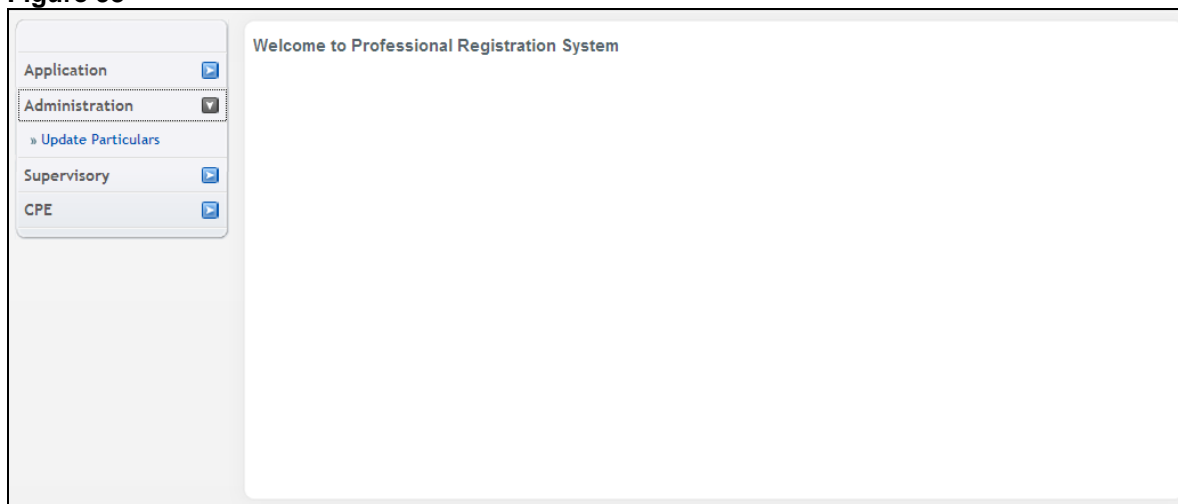
- (Optional): Click on the **email** link to email SDC for any queries you may have regarding the application.
- Recommended: Click on the **Print** button to print out a copy of the acknowledgement page.

2.8. Update Particulars Application

For any changes in your particulars, you can update them through the Update Particulars function. You must first login to the PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in, click on the [\[Update Particulars\]](#) link.

Figure 93



The Update Particulars - Selection page will be displayed (Figure 94).

Note that professionals on full registration will also have the option to edit their employment details (Figure 95).

Figure 94

Figure 95

To proceed to the Application Form page:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting an Update Particulars application.
- Indicate which set of the personal particulars you wish to update.
- Click on the [\[Proceed\]](#) button.

If the option “Marital Status, Religion and Contact Details” was selected, the following application form will be displayed. The input fields will be pre-loaded accordingly.

Figure 96

Update Particulars - Selection
Form
Confirmation
Acknowledgement

Particulars of Applicant

Marital Status
Single

Religion
Free Thinker

Patient Contact (For Medical Doctors only)
☒ Yes ☐ No ☐ N.A.

Preferred Email Address
edmundloh@ncs.com.sg
(20/320)

Alternate Email Address
(0/320)

Home Telephone No.
12345678

Office Telephone No.

Mobile No.

Other Address In Singapore

Postal Code

Block/House No.

Level - Unit No.

Street Name

Building Name

Foreign Address

Country

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Contact No.

Preferred Mailing Address

☒ Residential Address in Singapore (As in NRIC)
☐ Other Address In Singapore
☐ Foreign Address
☐ Principal Practice Place Address

Save
Proceed

To proceed to the Confirmation page:

- Make changes to the input fields, where required.
- Tip: You may click on the [\[Update Particulars - Selection\]](#) or [\[Personal\]](#) links at the top of the page to return to the respective pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs all pass the required validation checks, the Confirmation page will be displayed.

Figure 97

Update Particulars - Selection
Form
Confirmation
Acknowledgement

Particulars of Applicant

Marital Status	Single
Religion	Free Thinker
Patient Contact (For Medical Doctors only)	Yes
Preferred Email Address	edmundloh@ncs.com.sg
Alternate Email Address	-
Home Telephone No.	12345678
Office Telephone No.	-
Mobile No.	-

Other Address In Singapore

Postal Code	-
Block/ House No.	-
Level - Unit No.	-
Street Name	-
Building Name	-

Foreign Address

Country	-
Address Line 1	-
Address Line 2	-
Address Line 3	-
Address Line 4	-
Contact No.	-

Preferred Mailing Address

Preferred Mailing Address	Residential Address in Singapore (As in NRIC)
---------------------------	---

Confirm

To proceed to the Acknowledgement page:

- Tip: You may click on the [\[Update Particulars - Selection\]](#) or [\[Personal\]](#) links at the top of the page to return to the respective pages to make changes, if necessary.
- Click on the [\[Confirm\]](#) button

The Acknowledgement page will be displayed. Your particulars have been updated.

Figure 98

Update Particulars - Selection
Form
Confirmation
Acknowledgement

Acknowledgement for Update of Particulars

Please be informed that the changes to your particulars have been updated successfully to Singapore Dental Council on 16/04/2013. Kindly note that you are required to update your particulars immediately when there is any change.

For any query, please email to enquiries@dentalcouncil.gov.sg.

[Rate this service](#)

Print

- (Optional): Click the [\[email\]](#) link to email SDC for any queries
- Recommended: Click the [\[Print\]](#) button to print out a copy of the acknowledgement page.

If the option “Identification Type/No., Name, Nationality, and Residential Status.” was selected instead, the following application form will be displayed (Figure 99). The input fields will be pre-loaded with your last known information.

Note professionals on full registration will have the option to also edit their employment details in the application form (Figure 100).

Figure 99

Update Particulars - Selection
Form
Confirmation
Acknowledgement

Update Personal Particulars

Note that each update has to be accompanied with relevant supporting documents.

*Identification Type	NRIC
*Identification No.	S8501273H
*Full Name as shown in NRIC/FIN/Passport	Frank Ho
*Salutation	Dr
Surname / Family Name	Ho
Preferred Order of Name?	Frank Ho
Name in Chinese Character	
*Nationality	SINGAPORE CITIZEN
Year Obtained Citizenship	yyyy
Other Nationality	--Select Here--
Residential Status (for non-Singapore Citizen)	--Select Here--
Year Permanent Resident Obtained	yyyy
Year Employment Pass Obtained	yyyy
Year Work Permit Obtained	yyyy

Additional Documents

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title	--Select Here--		
File		Browse..	Attach

Documents Attached

No document attached.

Save
Proceed

Figure 100

Update Particulars - Selection
Form
Confirmation
Acknowledgement

Update Personal Particulars

Note that each update has to be accompanied with relevant supporting documents.

*Identification Type	NRIC
*Identification No.	S8501273H
*Full Name as shown in NRIC/FIN/Passport	Joe Chang
*Salutation	Dr
Surname / Family Name	Chang
Preferred Order of Name?	Joe Chang
Name in Chinese Character	
*Nationality	SINGAPORE CITIZEN
Year Obtained Citizenship	yyyy
Other Nationality	--Select Here--
Residential Status (for non-Singapore Citizen)	--Select Here--
Year Permanent Resident Obtained	yyyy
Year Employment Pass Obtained	yyyy
Year Work Permit Obtained	yyyy

Current Employment Details

*Activity Status	Working Full-time in Singapore
*Appointment	General Practitioner
*Appointment Effective Date	01/01/2012
*Name of Institution/ Organisation	National Neuroscience Institute
Nature of Work	Clinical
Department/ Division	Depart 1
*Date Joined	01/01/2012
Date Left	dd/mm/yyyy

Proposed Employment Details

*Activity Status	--Select Here--
Appointment	--Select Here--
Appointment Effective Date	dd/mm/yyyy
Name of Institution/ Organisation	--Select Here--
Nature of Work	--Select Here--
Department/ Division	--Select Here--
Date Joined	dd/mm/yyyy
Date Left	dd/mm/yyyy

Principal Practice Place

*Appointment	General Practitioner
*Name of Institution / Organisation	National Neuroscience Institute
Nature of Work	Clinical
Department / Division	Depart 1
*Date Joined	01/01/2012
Date Left	dd/mm/yyyy

Secondary Place of Practice

Name of Institution / Organisation	Appointment	Nature of Work	Department / Division	Date Joined	Date Left	Action
No Secondary Place of Practice added.						

[Add Secondary Place of Practice](#)

Additional Documents

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title: --Select Here--

File: [Browse..](#) [Attach](#)

Documents Attached

No document attached.

[Save](#) [Proceed](#)

To proceed to the Confirmation page:

- Make changes to the input fields, where necessary.
- Upload supporting documents, where necessary.

- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs pass the required validation checks, the Confirmation page will be displayed. The following is an extract.

Figure 101

The screenshot shows a web interface with a breadcrumb trail: 'Update Particulars - Selection' > 'Form' > 'Confirmation' > 'Acknowledgement'. The 'Confirmation' step is highlighted. Below the breadcrumb is the title 'Update Personal Particulars'. A table displays the following details:

Identification Type	NRIC
Identification No.	S8501273H
Full Name as shown in NRIC/FIN/Passport	Joe Chang
Salutation	Dr
Surname / Family Name	Chang
Preferred Order of Name	Joe Chang
Name in Chinese Character	-
Nationality	SINGAPORE CITIZEN
Year Obtained Citizenship	-
Other Nationality	-
Residential Status (for non-Singapore Citizen)	-
Year Permanent Resident Obtained	-
Year Employment Pass Obtained	-
Year Work Permit Obtained	-

To proceed to the Acknowledgement page:

- Click on the [\[Attached Document\]](#) link to check through the details of the respective Attached Document
- Click on the [\[Confirm\]](#) button

The Acknowledgement page will be displayed. An application will be sent to SDC for processing. Once it is approved, your particulars will be updated accordingly.

Figure 102

The screenshot shows a web interface with a breadcrumb trail: 'Update Particulars - Selection' > 'Form' > 'Confirmation' > 'Acknowledgement'. The 'Acknowledgement' step is highlighted. Below the breadcrumb is the title 'Acknowledgement for Update of Particulars'. The page contains the following text:

Please be informed that the changes to your particulars have been updated successfully to Singapore Dental Council on 16/04/2013. Kindly note that you are required to update your particulars immediately when there is any change.

Your application No. is SDC-20130416-0009-UP.

For any query, please email to enquiries@dentalcouncil.gov.sg

[Rate this service](#)

[Print](#)

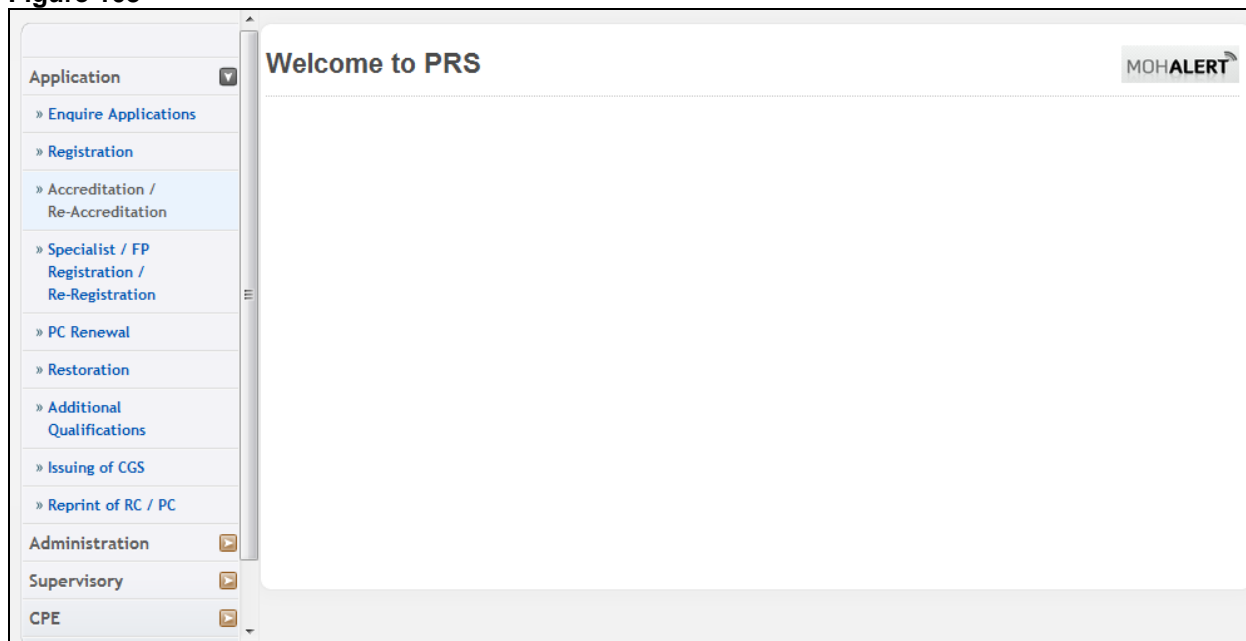
- (Optional): Click on the [\[email\]](#) link to email SDC for queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the Acknowledgement page

2.9. Additional Qualifications Application

You can submit post-registration qualifications through the Additional Qualifications function. You will first need to login to PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in, access the Additional Qualifications function by clicking on the [\[Additional Qualifications\]](#) link.

Figure 103



The Additional Qualifications application form will be displayed.

Figure 104

The screenshot shows the 'Additional Qualification / Title' application form. At the top, there is a breadcrumb trail: 'Additional Qualification / Title – form' > 'Confirmation' > 'Payment' > 'Acknowledgement'. The main heading is 'Additional Qualification'. Below it, a text link says 'Click [here](#) for important instructions for submitting an Additional Qualifications/ Titles application.' There is a table with one row: 'Added Qualification/ Title' and 'No Qualification / Title added.' Below the table is a button labeled 'Add Qualification / Title'. At the bottom left is a 'Proceed' button.

To add an additional qualification / title:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting an Additional Qualification/Titles application.
- Click on the [\[Add Qualifications / Title\]](#) button to add new qualifications or title. A pop-up window will appear. Refer to the following screen.

Figure 105

Application for AQ

Note: All Fields marked with asterisk (*) are mandatory.

Additional Qualification/ Title Details

*Awarding Country	--Select Here--
*Awarding University/ Institution	--Select Here--
*Qualification/ Title Type	--Select Here--
*Qualification/ Title	--Select Here--
Abbrev. Of Qualification/ Title	
Specialty/ Subspecialty	--Select Here--
Field of Interest	--Select Here--
Programme Type	<input type="radio"/> Full-time <input type="radio"/> Part-time
Course Duration	<input type="text"/> months
*Year Obtained	<input type="text"/>

Mandatory Documents

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title	Photocopy of the Certificate
*File	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>

Additional Documents

Document Title	--Select Here--
File	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>

Attached Documents

No document attached.

- Enter information about the qualification that you wish to add. Ensure all mandatory fields are filled in.
- Upload the necessary supporting documents.
- Click on the **[Save]** button. If your inputs satisfy the validation checks, the pop-up will close and a new record will be added to the table. Click on the **[Cancel]** button to close the pop-up without saving your changes.

The main page will look like the following when records have been successfully added to the Added Qualification/ Title table.

Figure 106

Additional Qualification / Title – form Confirmation Payment Acknowledgement

Additional Qualification

Click [here](#) for important instructions for submitting an Additional Qualifications/ Titles application.

Added Qualification/ Title	
Masters of Medicine	Delete
Specialty Diploma in Paediatrics	Delete
Specialty Diploma in Cardiology	Delete
Specialty Diploma in Anaesthetics	Delete
Specialty Diploma in Psychology	Delete
Specialty Diploma in Emergency Medicine	Delete

Add Qualification / Title

Proceed

- Tip: Click on the **[Added Qualification / Title]** link to make changes to the respective Qualification / Title.
- Tip: Click on the **[Delete]** link if you wish to remove Qualification / Title from your application.
- Click on the **[Proceed]** button.

If the inputs all pass the required validation checks, the Confirmation page will be displayed.

Figure 107

Additional Qualification / Title – form **Confirmation** Payment Acknowledgement

Additional Qualification

Added Additional Qualification / Titles

Qualification / Title
Masters of Medicine
Specialty Diploma in Paediatrics
Specialty Diploma in Cardiology
Specialty Diploma in Anaesthetics
Specialty Diploma in Psychology
Specialty Diploma in Emergency Medicine

Confirm

To proceed to the Payment page:

- Recommended: Click on the **[Qualification / Title]** link to check through the details of the respective qualification / title you have choose to submit.
- Tip: You may click on the **[Additional Qualification / Title - Form]** link at the top of the page to return to the previous page to make changes, if necessary.
- Click on the **[Confirm]** button.

The Payment page will be displayed.

Figure 108

Additional Qualification / Title – form Confirmation **Payment** Acknowledgement

Additional Qualification

Please note that the following fee(s) is/are non-refundable

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application for Additional Qualification	XX.XX	6	YY.YY

Proceed

To proceed to the Acknowledgement page:

- Click on **Proceed** button

The BillCollect payment interface will be displayed. Follow the on screen instructions to make payment. After payment is completed, the Acknowledgement page will be displayed.

Figure 109

Additional Qualification / Title – form Confirmation Payment **Acknowledgement**

Additional Qualification

Please be informed that your application request has been submitted to Singapore Dental Council on 01/01/2001. Please print / save a copy of this acknowledgement for your reference.

Your application(s) are: SDC-20010101-1233-AQ, SDC-20010101-1234-AQ, SDC-20010101-1235-AQ, SDC-20010101-1236-AQ, SDC-20010101-1237-AQ, SDC-20010101-1238-AQ

You may check the status of your application online using the same Registration No. and password. For any query, please email to enquiries@dentalcouncil.gov.sg and quote the above application no.

Print

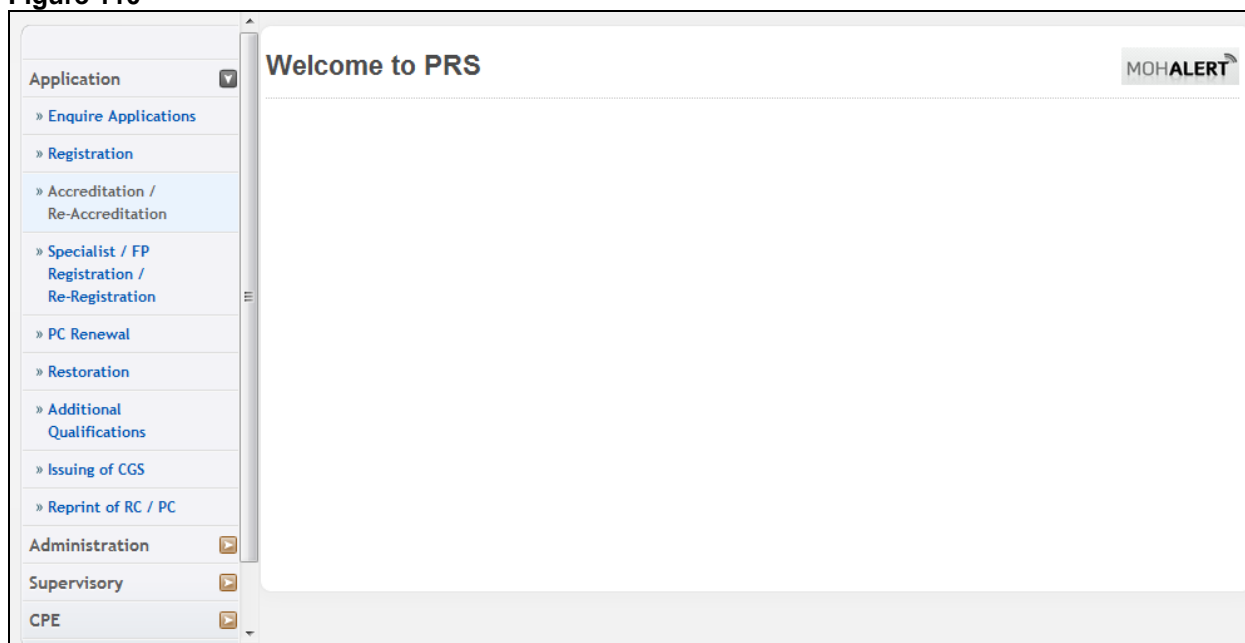
- (Optional): Click on **email** link to email SDC for any queries you may have pertaining to the application.
- Recommended: Click on **Print** button to print out a copy of the acknowledgement page.

2.10. CGS Application

If you require a CGS, you may request for one through the Issuing of CGS function. You will first need to log in to PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in successfully, click on the [\[Issuing of CGS\]](#) link to access the function.

Figure 110



The Issuing of CGS application form will be displayed.

Figure 111

CGS - Form Confirmation Payment Acknowledgement

MESSAGES

Upload successfully

Application for Certificate of Good Standing (CGS)

Click [here](#) for important instructions for applying Certificate of Good Standing online.
Note: All Fields marked with asterisk (*) are mandatory.

☐ I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by
☐ Mail ☐ Hand

Reason for Application

*Reason	--Select Here--
Depart to Country	--Select Here--
Departure Date	dd/mm/yyyy
Return Date	dd/mm/yyyy

Details of Requesting Authority

Send By	Person to Address To	Address	Country	Requesting Authority	Action
Registered Mail	-	Ground Floor,Lalya Villa , 18 Kent St,Braddon Ave	Australia	Aus Pharmaceutical Board	Delete
Registered Mail	-	Ground Floor,Lalya Villa , 18 Kent St,Braddon Ave	New Zealand	NZ Pharmaceutical Board	Delete
Registered Mail	-	Ground Floor,Scala House,11 Torr St,Braddon Act 1612	United Kingdom	UK Pharmaceutical Board	Delete

Add Requesting Authority

Additional Documents

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title --Select Here--

File **Browse..** **Attach**

Documents Attached

Document Proof	Replace	Delete
Invitation Letter	Replace	Delete

☐ I declare that the particulars and information stated in this application are true, authentic and remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I declare that I have not been charged with any offence in a court of law in any country for which the outcome is not yet known.

☐ I am also aware that it is a criminal offence to make any false statements and/or to provide any false information to the Singapore Dental Council.

Save **Proceed**

- Recommended: Click on the [here](#) link to download and read the instructions for submitting an Issuing of CGS application.
- Tick the checkbox if the requesting authority requires SDC to fill in additional forms.
 - Indicate whether you will submit the forms to SDC by mail or by hand
- Select the **Reason** for your CGS request.

- (Optional): Select the overseas country you will be departing to, if applicable.
- (Optional): Enter the **Departure Date**.
- (Optional): Enter the **Return Date**.
- Click on the [\[Add Requesting Authority\]](#) button to open a pop-up the window to add a Requesting Authority. The Add Requesting Authority form will be displayed.

Figure 112

To add Requesting Authority

- Select the method to **Send By**.
 - If you have selected “self-collection”, you will be required to provide the reason in the text box that appears.
- Enter the **Name of Requesting Authority**.
- (Optional): Enter the **Person to Address to**.
- Enter the **Address Line 1**.
- (Optional): **Enter Address Line 2**, if applicable.
- (Optional): **Enter Address Line 3**, if applicable.
- (Optional): **Enter Address Line 4**, if applicable.
- Select the **Country**.
- Click on the [\[Cancel\]](#) button to discard the document and close the window.
- Click on the [\[Save\]](#) button.

Back on the CGS – Form main page:

- Tip: Click on the link in the Requesting Authority column if you wish to make changes to the respective requesting authority
- Tip: Click on the [\[Delete\]](#) link if you wish to remove the respective requesting authority from your application.
- Upload any necessary supporting documents to accompany your application.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button.

If the inputs pass the required validation checks, the confirmation page will be displayed.

Figure 113

[CGS - Form](#) **Confirmation** [Payment](#) [Acknowledgement](#)

Application for Certificate of Good Standing (CGS)

Reason for Application

Reason	Studying Overseas
Depart to Country	China
Departure Date	16/04/2013
Return Date	31/12/2013

Details of Requesting Authority

Requesting Authority	Person to Address To	Address	Country	Send By
Aus Pharmaceutical Board	-	Ground Floor,Lalya Villa , 18 Kent St,Braddon Ave	Australia	Registered Mail
NZ Pharmaceutical Board	-	Ground Floor,Lalya Villa , 18 Kent St,Braddon Ave	New Zealand	Registered Mail
UK Pharmaceutical Board	-	Ground Floor,Scala House,11 Torr St,Braddon Act 1612	United Kingdom	Registered Mail

File

[Document Proof](#)

[Invitation Letter](#)

Confirm

To proceed to the Payment page:

- Tip: You may click on the **[CGS - Form]** link at the top of the page to return to the previous page to make changes, if necessary.
- Click on the **[Confirm]** button.

The Payment page will be displayed.

Figure 114

[CGS - Form](#) [Confirmation](#) **Payment** [Acknowledgement](#)

Application for Certificate of Good Standing (CGS)

Please note that the following fee(s) is/are non-refundable.
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application Fee of CGS (Dentist)	60.00	3	180.00

Proceed

To proceed to the Acknowledgement page:

- Click the **[Proceed]** button. The BillCollect payment interface will be displayed. Follow the on screen instructions to make your payment.

Once payment has been completed, the Acknowledgement page will be displayed.

Figure 115

CGS - Form

Confirmation

Payment

Acknowledgement

Application for Certificate of Good Standing (CGS)

Please be informed that your Application for CGS / Verification of Registration/Enrolment request has been submitted to Singapore Dental Council on 16/04/2013. Please print / save a copy of this acknowledgement for your reference.

Your application(s) are

Aus Pharmaceutical Board	SDC-20130416-0013-CGS
NZ Pharmaceutical Board	SDC-20130416-0014-CGS
UK Pharmaceutical Board	SDC-20130416-0015-CGS

You may check the status of your application online using the same User ID and password. For any query, please email to enquiries@dentalcouncil.gov.sg and quote the above application no(s).

[Rate this service](#)

Print

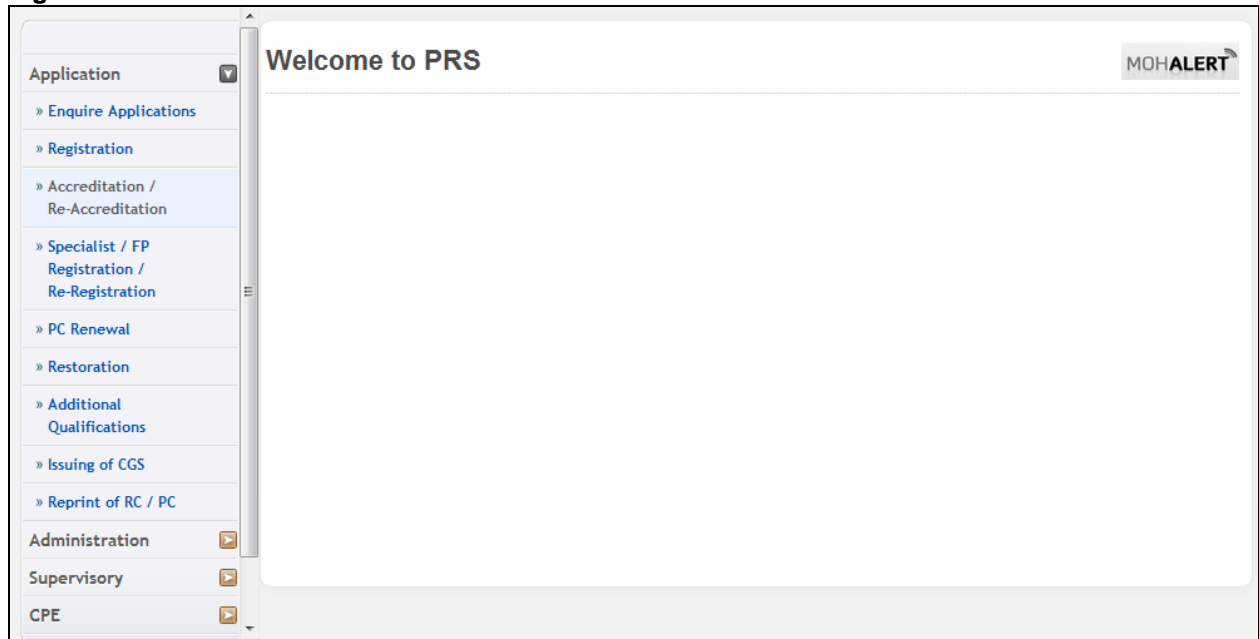
- (Optional): Click on [\[email\]](#) link to email SDC for any queries you may have pertaining to the application.
- Recommended: Click on [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.11. Reprint of RC / PC Application

You may use the Reprint of PC / RC function to request for a reprint or certified true copy of your PC / RC. You will first need to login to PRS. Refer to [2.2 Login to the PRS](#) for more information.

After logging in, click on the [\[Reprint of RC / PC\]](#) link.

Figure 116



The Reprint of RC / PC application form will be displayed.

Figure 117

Reprint RC/PC – Form
Confirmation
Payment
Acknowledgement

Reprint of PC and RC

Click [here](#) for important Instructions for requesting Reprint of RC/PC.

All fields marked with asterisk (*) are mandatory

General Information

Registration No.	D71234X
Name	John Li Xinsheng
Registration Type	Full Registration

Application For Reprint Of RC/PC

*Request for:

☐ Replacement of Original Registration Certificate, for:

☐ Register of Dental Practitioners

☐ Register of Specialists

☐ Replacement of Original Practising Certificate

☐ Certified True Copy of Registration Certificate

☐ Register of Dental Practitioners, no. of copies

☐ Register of Specialists, no. of copies

*Reason for Application

*Send Certificate by

Additional Documents

Document Title	<input type="text" value="--Select Here--"/>
Upload Document	<input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Attach"/>

Attached Documents

Police Report	Replace	Delete
Statutory declaration	Replace	Delete

To proceed to the Confirmation page:

- Recommended: Click on the [\[here\]](#) link to download and read the instructions for submitting a Reprint of PC / RC application.
- Tick the respective checkboxes to indicate the service you require.
- Select the **Reason for Application**.
 - If others, enter the reason on the text box that appears.
- Select the method to **Send Certificate By**.
 - If sending by mail, select the address to send to.
- Upload the necessary supporting documents, if any, to accompany your application.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [2.13 Enquire Applications](#) for more information.
- Click on the [\[Proceed\]](#) button

If the inputs all pass the required validation checks, the Confirmation page will be displayed.

Figure 118

[Reprint RC/PC – Form](#)
[Confirmation](#)
[Payment](#)
[Acknowledgement](#)

Reprint of PC and RC

General Information

Registration No.	71234X
Name	John Li Xinsheng
Registration Type	Conditional Registration

Application For Reprint Of RC/PC

Request for:

1. Replacement of Original Registration Certificate for Register of Dental Practitioners
2. Replacement of Original Practice Certificate

Reason for Application	Misplaced
Send Certificate by	Self-Collection
Mailing Address	N.A.

Documents Uploaded

[Police Report](#)

[Statutory declaration](#)

[Confirm](#)

To proceed to the Payment page:

- Tip: You may click on the [\[Reprint RC/PC - Form\]](#) link at the top of the page to return to the previous page to make changes, if necessary.
- Click on the [\[Confirm\]](#) button.

The Payment page will be displayed.

Figure 119

[Reprint RC/PC – Form](#)
[Confirmation](#)
[Payment](#)
[Acknowledgement](#)

Reprint of PC and RC

Please note that the following fee(s) is/are non-refundable

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Replacement of Original Registration Certificate	XX.XX	1	XX.XX
Replacement of Original Practice Certificate	YY.YY	1	YY.YY

[Proceed](#)

To proceed to the last stage of the application (i.e.: Acknowledgement)

- Click on the [\[Proceed\]](#) button. The BillCollect payment interface will be displayed. Follow the on screen instructions to make your payment.

Once payment has been completed, the Acknowledgement page will be displayed.

Figure 120

Reprint RC/PC – Form Confirmation Payment **Acknowledgement**

Reprint of PC and RC

Please be informed that your application has been submitted to Singapore Dental Council on 01/01/2001. Please print / save a copy of this acknowledgement for your reference.

Your application number(s) is/are: SDC-20010101-1234-RRC, SDC-20010101-1235-RPC

You may check the status of your application online using the same User ID. and password. For any query, please email to enquiries@dentalcouncil.gov.sg and quote the above application no(s).

Print

- (Optional): Click on [\[email\]](#) link to email SDC on any queries pertaining to the application.
- Recommended: Click on [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.12. Supervisory

2.12.1. Assessment Report Request

An email will be sent to the supervisor when the HPE officer makes a request for the submission of the assessment report. Upon receiving the email, the supervisor can proceed to the PRS website provided in the email to proceed with the submission of the assessment report.

Figure 121

Dear Prof Jerry Chan,

This is to inform you that the supervisory assessment of Angel Tan is due on **30/07/2013**. The period of assessment is **16/04/2013 – 15/07/2013**.

Do complete the assessment by 06/08/2013

As an assessor, your duty is to provide an accurate and objective assessment of the registered dentist by selecting the appropriate grade.

You are encourage to write at least 1 -2 points on the performance of the dentist to justify the grade given, especially for “Unsatisfactory” grades, the reason(s) must be stated.

I wish to take this opportunity to thank you for your contributions in being a supervisor to the above named person.

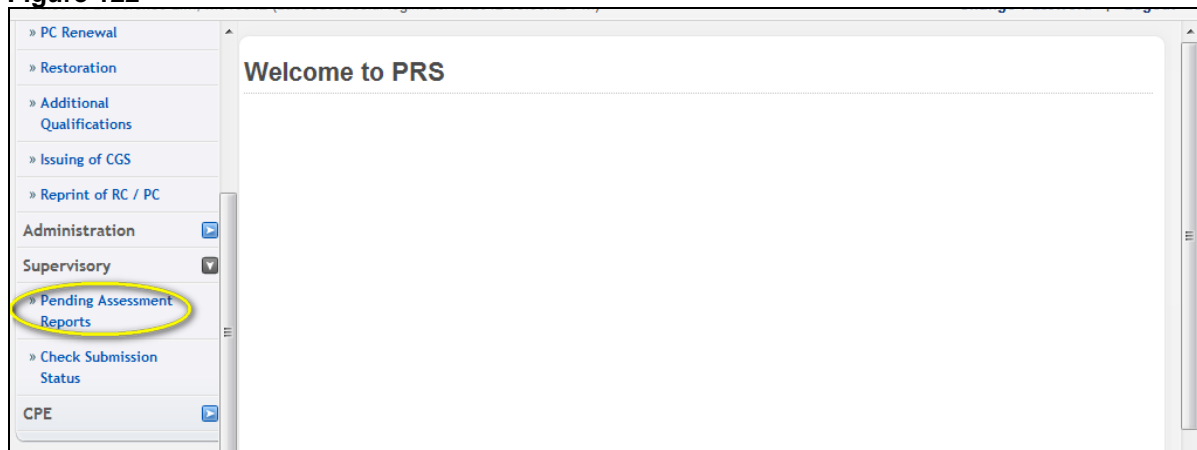
Angel Tan: Would appreciate if you could just remind your supervisor to complete the assessment form.

Singapore Dental Council
16 College Road, #01-01
College of Medicine Building
Singapore 169854
Tel No.: (65) 6355 2400
Fax No.: (65) 6253 3185
Email Address: enquiries@dentalcouncil.gov.sg

Example of an email for request of assessment report

The screenshot below shows the page after the supervisor has logged in. Refer to [2.2 Login to the PRS](#) for instructions on logging in. To proceed, the supervisor can click on “Pending Assessment Reports” hyperlink (as circled) to view the list of pending assessment reports currently assigned to him.

Figure 122



Landing page for supervisor

On the pending assessment report page, the supervisor can proceed by clicking on the S/N (as circled below) to begin working on the assessment report.

Figure 123

Pending Assessment Reports							
S/N	Supervisee	Registration Type	Type of Register	Level of Supervision	Assessment Period	Submission Due Date	Status
1	Angel Tan (D11151A)	Conditional Registration		L1	16/04/2013 - 15/07/2013	30/07/2013	-

Pending assessment report page with pending assessments

The following shows an example of an assessment report that is needed to be completed. User will have to fill in the respective details (Grades and comments) before submitting the report.

Figure 124

ASSESSMENT REPORT			
SUPERVISEE INFORMATION			
Name	Angel Tan	Registration No.	D11151A
Employer	National Healthcare Group Polyclinics 89 Hougang Ave 4 #01-01 NHG Polyclinic Singapore 538829	Appointment	Administrator (incl. DDMS, Director, Dy Director)
Practice Place - Institution	National Healthcare Group Polyclinics 89 Hougang Ave 4 #01-01 NHG Polyclinic Singapore 538829	Practice Place - Department	-
Registration Status	On Register	Registration Type	Conditional Registration
Restriction	-	Condition	A
Level of Supervision	L1	Assessment No.	1
Assessment Start Date	16/04/2013	Assessment End Date	15/07/2013
Assessment Period Change Request (if any)			
For instructions on completing the assessment report, click here			
ASSESSMENT DETAILS			
Criteria	Grade	Comments, if any	
1. Please circle the appropriate grade in the assessment scales below:			
1.1 Knowledge of dental-related work	--Select Here--	<div></div> <div>(0/2000)</div>	
1.2 Quality of Clinical Work	--Select Here--	<div></div> <div>(0/2000)</div>	
1.3 Dedication and Commitment	--Select Here--	<div></div> <div>(0/2000)</div>	
1.4 Being a Team Member	--Select Here--	<div></div> <div>(0/2000)</div>	
1.5 Communication Skills and Consultative Skills	--Select Here--	<div></div> <div>(0/2000)</div>	
1.6 Language Proficiency (Written & Spoken)	--Select Here--	<div></div> <div>(0/2000)</div>	
1.7 Ability to Withstand Work Pressure and Stress	--Select Here--	<div></div> <div>(0/2000)</div>	
2. How often do you come into contact with this dentist whom you are supervising?		<div></div> <div>(0/2000)</div>	
3. How much clinical time does the dentist spend in the clinic?		<div></div> <div>(0/2000)</div>	

Example of an assessment report

Figure 125

4. Recommendations: For dentists on conditional registration:		
4.1 Is the dentist able to practise safely and independently for his level of experience / stage of training?		<input type="text"/> (0/2000)
5. The following section is to be completed by the Director/Department Head of institution or clinic or equivalent		
5.1 I confirm that during the period of this report, the above named dentist:		<input type="text"/> (0/2000)
5.11 has not had any complaint against him/her from patients and/or colleagues.	--Select Here--	
5.12 has not been responsible for any procedural errors or adverse outcomes.	--Select Here--	
5.13 has not faced any disciplinary action.	--Select Here--	
5.2 The details are as follows (if applicable) :		<input type="text"/> (0/2000)
6. Overall Grading		<input type="text"/> (0/2000)

ATTACH DOCUMENT

*Document Title --Select Here--

Other Document Title

*File

Document Title	File Name	Attached By	Attached On	Action

SUPERVISOR INFORMATION

Name	Jerry Chan	Regn No.	D11146E
Type of Register	Regn Type	Regn Start Date	Register Status
Dentist	Full Registration	16/04/2013	Off Register
Office No.	98765432	Mobile No.	-
Email	fylau@ncs.com.sg	SF Training	-

Example of an assessment report (continued)

Upon submission of the report, the pending assessment report should be removed from the supervisors' Pending Assessments Report (Refer to screen below)

Figure 126

Pending Assessment Reports							
S/N	Supervisee	Registration Type	Type of Register	Level of Supervision	Assessment Period	Submission Due Date	Status
No matching records found.							

Pending assessment report page with no pending assessments

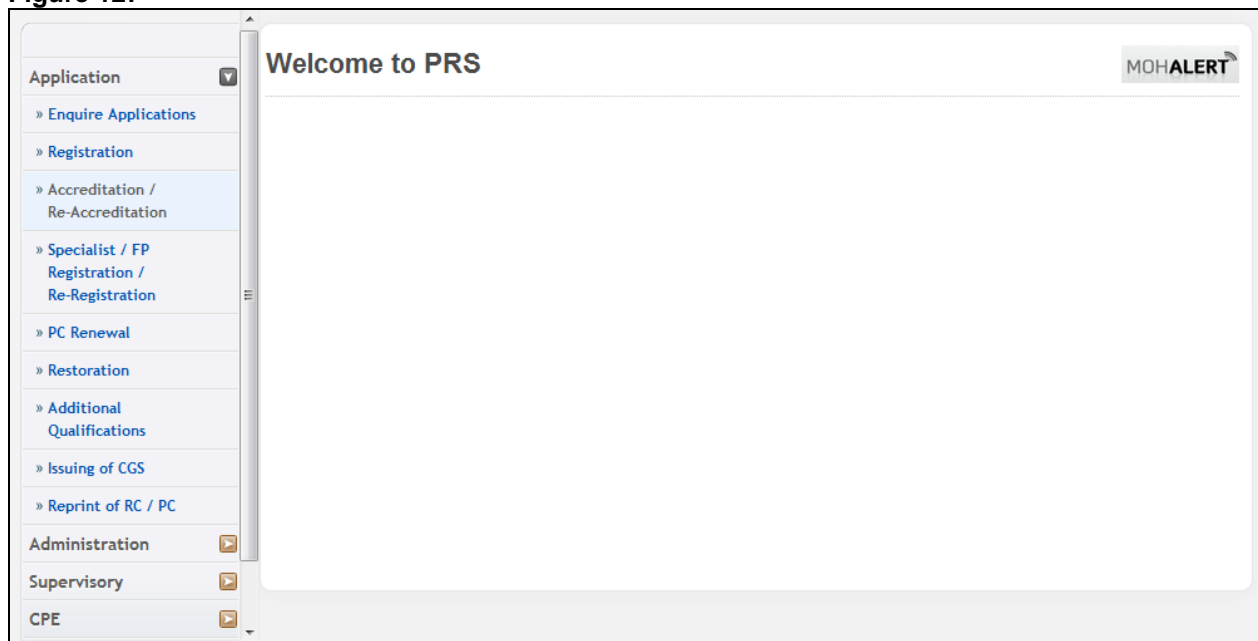
2.13. Enquire Applications

You can utilize the Enquire Applications function to do the following:

- Continue your saved drafts
- View the details of submitted applications
- Upload documents for applications where the current status is “Pending Supporting Documents”.

You will first need to login to PRS. Refer to [2.2 Login to the PRS](#) for more information. After logging in, click on the [\[Enquire Application\]](#) link.

Figure 127



The Enquire Applications page will be displayed as follows.

Figure 128

Applications Submitted				
Application No.	Application Type	Date of Submission	Application Status	Remarks
SDC-20110915-1234-UP	Update Particulars	01/03/2000	Pending Supporting Documents	Kindly click here to attach all the required documents. Printing of receipts: SDC-2011-000001
SDC-20121212-9994-EXM	Examination	12/12/2012	Pending Supporting Documents	Kindly click here to attach all the required documents. Printing of receipts: SDC-2011-000001
SDC-20121212-9994-EXM	Examination	-	Result Released	-
SDC-20110916-1235-AQ	Additional Qualifications	02/02/2000	Approved	-
---	Specialist Registration	03/01/2000	Draft	-
SDC-20110917-1237-CGS	CGS	03/01/2000	Pending Supporting Documents	Kindly click here to attach all the required documents.
SDC-20110917-1238-CGS	CGS	03/01/2000	Approved	-
---	Accreditation	04/01/2000	Draft	-
SDC-20110919-1240-NPL	No Pay Leave	05/01/2000	Pending Supporting Documents	Kindly click here to attach all the required documents.
SDC-20110920-1241-RRC	Reprint RC/PC	06/06/2000	Approved	-
---	PC Renewal	03/01/2000	Draft	-
SDC-20110920-1241-ROR	Restoration of Registration	06/06/2000	Approved	-
---	Registration	07/07/2000	Draft	-

Carrying on with a draft:

- Click on the link in the Application No. column, where the Application Status is "Draft". The application form will be loaded and you may proceed with filling in the application.

Viewing the details of submitted applications:

- Click on the link in the Application No. column, where the Application Status is not "Draft". The details you entered for the submitted application will be displayed. They will be read only and non-editable.

Uploading of additional supporting documents:

- Click on the [\[here\]](#) link in the Remarks column the Application Status is "Pending Supporting Documents".

The Attach Document form will be displayed as follows.

Figure 129

Note:
- File must be in JPEG(.jpg or .jpeg), PDF(.pdf)
- Each file size must not exceed 1MB

Application No.: SDC-20110917-1236-EXM

Remarks
Please attach letter of offer.

Additional Documents

Document Title	--Select Here--	
Upload Document	<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Attach"/>

Documents Attached		
Employment Pass	Replace	Delete
Testimonial	Replace	Delete

To proceed to the Acknowledgement page:

- Select the **Document Title**.
 - If others, enter the document title in the text box that appears.
- Click the [\[Browse\]](#) button. A file dialog box will appear. Select the file you wish to upload.
- Click on the [\[Open\]](#) button.
- Click on the [\[Attach\]](#) button. The document will appear in the Documents Attached table.
- Tip: To view uploaded documents, click on the hyperlink for the document title.
- Tip: Click on the [\[Replace\]](#) link to replace the respective document.
- Tip: Click on the [\[Delete\]](#) link to remove the respective document.
- Click on the [\[Proceed\]](#) button.

The Acknowledgement form will be displayed as follows.

Figure 130

Please be informed that the additional documents have been submitted successfully to Singapore Dental Council on 01/01/2001.
Please print / save a copy of this acknowledgement for your reference.

Your application no. is SDC-20110917-1236-EXM.

You may check the status of your application online using the same User ID and password. For any query, please email to enquiries@dentalcouncil.gov.sg and quote the above application no.

- (Optional): Click on the [\[email\]](#) link to email SDC for any enquiries pertaining to the application.
- Recommended: Click on the [\[Print\]](#) button print a copy of the acknowledgement page.

2.14. Professional Search

2.14.1. Search by Name

The menu on the top displays the functions you have access to. To make a Professional Search by Name, click on the [\[Search by Name\]](#) menu item.

The Search by Name page will be displayed as follows.

Figure 131

The screenshot shows a search interface with three tabs: 'Search by Name' (selected), 'Search by Location', and 'Search by Region'. Under 'Search by Name', there are two text input fields: 'Name' and 'Name of Place of Practice'. To the right of the 'Name' field is a checkbox labeled 'Names starting with...'. Below these fields are two radio buttons: 'Dentist' (selected) and 'Oral Health Therapist'. A blue 'Search' button is to the right of the radio buttons. Below the radio buttons is a red link 'More Search Options'. At the bottom right, there is a text input field for 'Registration Number (Optional)'. Below this field is a section for 'Selected Specialties' with a list of specialties and checkboxes: 'Dental Public Health', 'Oral & Maxillo-Facial Surgery', 'Paediatric Dentistry', 'Prosthodontics', 'Endodontics', 'Orthodontics', and 'Periodontology'. The 'All Specialties' radio button is selected.

Search Details

Provide information about the Professional that you are searching for

- Enter **Name** and/or enter **Name of Place of Practice**
- Should you wish to search for the Name field which starts with a particular set of characters, tick the **Names starting with...** after entering them in the **Name** field.
- Should you wish to search for the professional using his/her Registration Number you can:
 - Click on the [[More Search Options](#)] link then Enter Registration Number.
- Select Dentist or Oral Health Therapist.
- Should you wish to search for the professional by selecting the specialty you can:
 - Click on the [[More Search Options](#)] link then tick the different types of specialty.
- Click on the [[Search](#)] button

The records will be displayed as follows.

Figure 132

Displaying 1 - 1 of 1 records

Wong Poon Keong (D09137E)
[View more details](#)

Page 1 [\[First\]](#) | [\[Previous\]](#) | [\[Next\]](#) | [\[Last\]](#)

[Back to Top](#) | [Reset Search](#)

- Click on the [\[View more details\]](#) link to view the respective Professional
- Click on the [\[Back to Top\]](#) link to return to the top of the page.
- Click on the [\[Reset Search\]](#) link to do a search again.
- Click on the links at the bottom right to navigate through the pages.

2.14.2. Search by Location

The menu on the top displays the functions you have access to. To make a Professional Search by Location, click on the [\[Search by Location\]](#) menu item.

The Search by Location page will be displayed as follows.

Figure 133

Search by Name **Search by Location** Search by Region

My Postal Code Range

☒ Dentist ☐ Oral Health Therapist [More Search Options](#)

Registration Number (Optional)

☒ All Specialties
☐ Selected Specialties

<input type="checkbox"/> Dental Public Health	<input type="checkbox"/> Endodontics
<input type="checkbox"/> Oral & Maxillo-Facial Surgery	<input type="checkbox"/> Orthodontics
<input type="checkbox"/> Paediatric Dentistry	<input type="checkbox"/> Periodontology
<input type="checkbox"/> Prosthodontics	

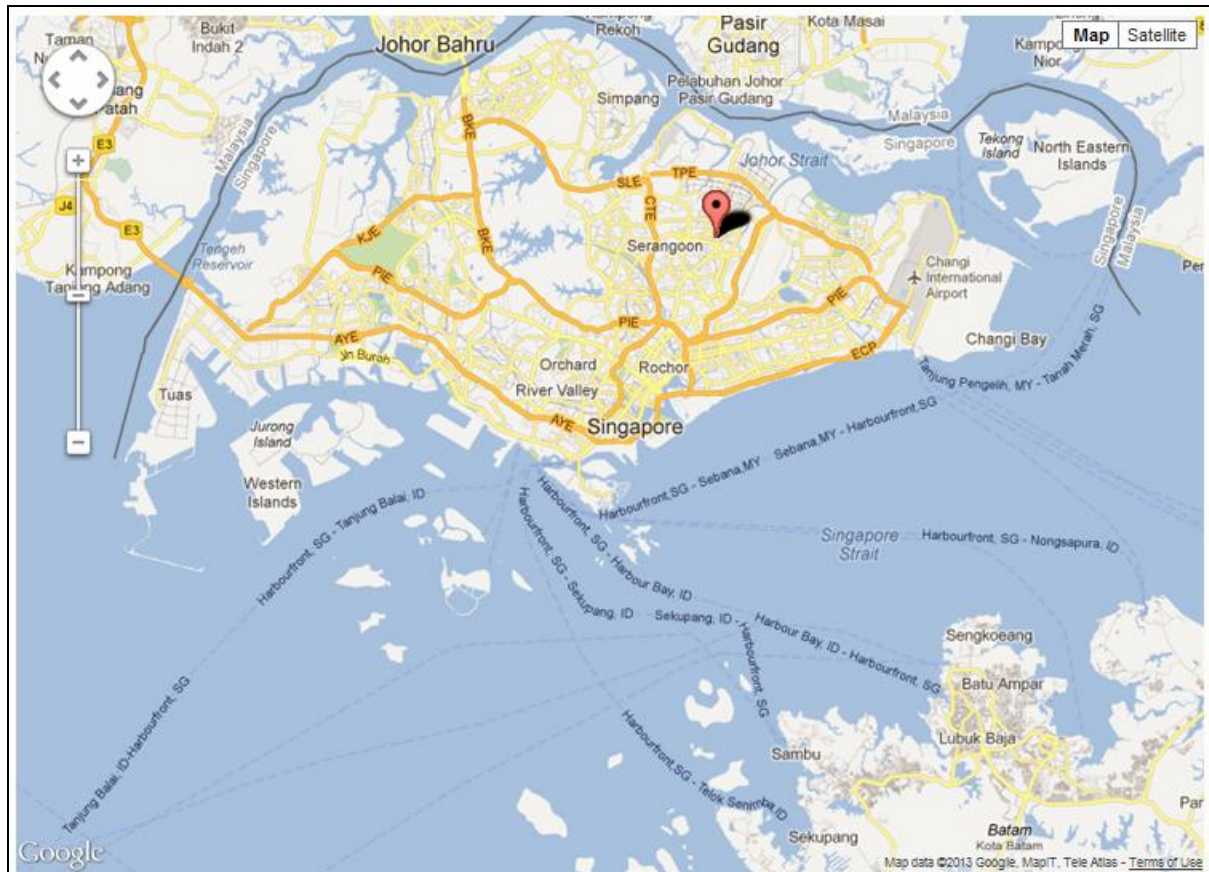
Search Details

Provide information about the Professional that you are searching for

- Enter **Postal Code** and/or enter **Range**.
- Select Dentist or Oral Health Therapist
- Should you wish to search for the professional using his/her Registration Number you can:
 - Click on the [\[More Search Options\]](#) link then Enter Registration Number.
- Should you wish to search for the professional by selecting the specialty you can:
 - Click on the [\[More Search Options\]](#) link then tick the different types of specialties.
- Click on the [\[Search\]](#) button

The records will be displayed as follows.

Figure 134



Jerlynn Tan SPEC C1 (D09045Z)

[View more details](#)

Jerlynn Tan SPEC C2 (D09046H)

[View more details](#)

Jerlynn Tan SPEC C3 (D09047F)

[View more details](#)

Jerlynn Tan SPEC C4 (D09048D)

[View more details](#)

Jerlynn Tan SPEC F2 (D09042E)

[View more details](#)

Jerlynn Tan SPEC F3 (D09043C)

[View more details](#)

Page 1 2 3 4 5 6 7

[\[First\]](#) | [\[Previous\]](#) | [\[Next\]](#) | [\[Last\]](#)

[Back to Top](#) | [Reset Search](#)

- Click on the [\[View more details\]](#) link to view the respective Professional
- Click on the page numbers to go to the page.
- Click on the [\[Back to Top\]](#) link to return to the top of the page.
- Click on the [\[Reset Search\]](#) link to do a search again.
- Click on the links at the bottom right to navigate through the pages.

2.14.3. Search by Region

The menu on the top displays the functions you have access to. To make a Professional Search by Region, click on the [\[Search by Region\]](#) menu item.

The Search by Region page will be displayed as follows.

Figure 135

Search Details

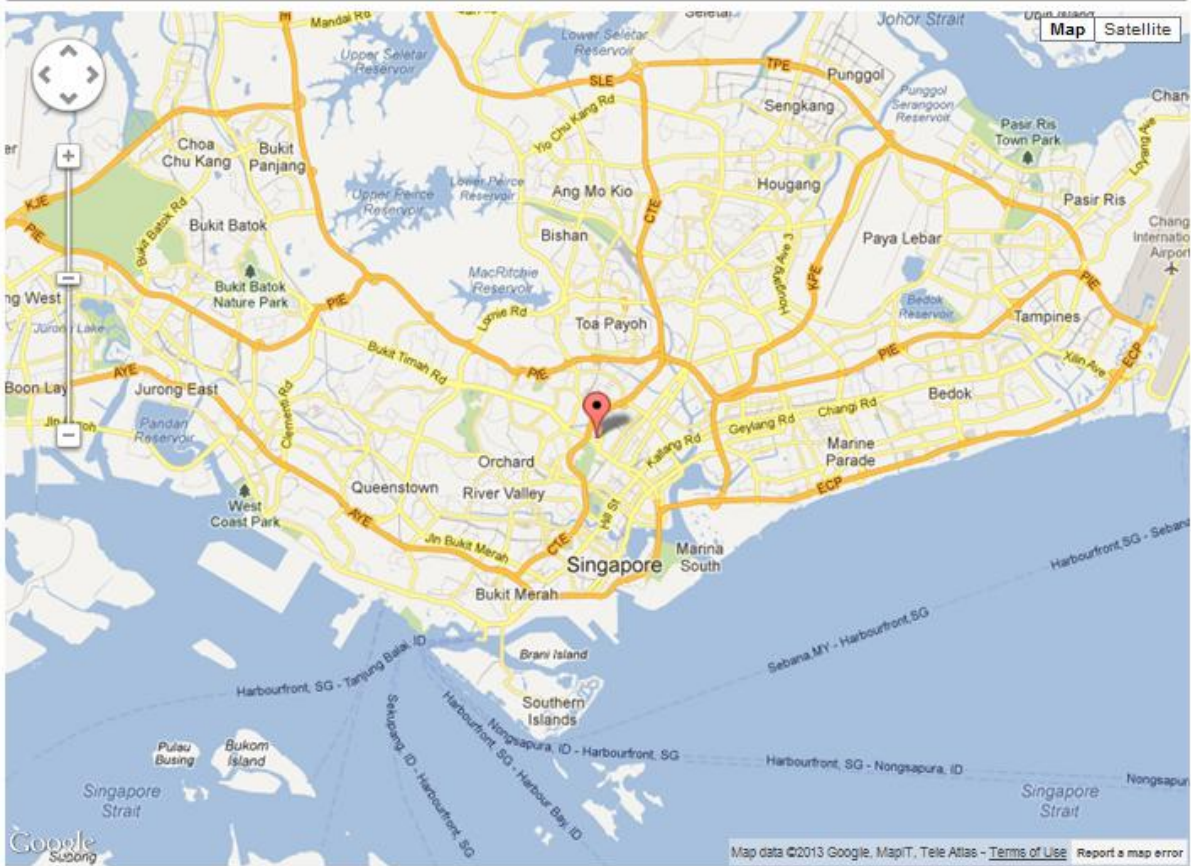
Provide information about the Professional that you are searching for

- Select the Region by clicking on the different parts of the map.
- Should you wish to search for the professional using his/her Registration Number you can:
 - Click on the [\[More Search Options\]](#) link then Enter Registration Number.
- Should you wish to search for the professional by selecting the specialty you can:
 - Click on the [\[More Search Options\]](#) link then tick the different types of specialties.
- Click on the [\[Search\]](#) button

The records will be displayed as follows.

Figure 136

Displaying 1 - 1 of 1 records



Cecilia Tan Kwee Kah - Edit (D09106E)
[View more details](#)

Page 1 [First] | [Previous] | [Next] | [Last]

[Back to Top](#) | [Reset Search](#)

- Click on the [View more details](#) link to view the respective Professional
- Click on the page numbers to go to the page.
- Click on the [Back to Top](#) link to return to the top of the page.
- Click on the [Reset Search](#) link to do a search again.
- Click on the links at the bottom right to navigate through the pages.

2.14.3. Details Page

The screenshot below shows the list of Professionals that are displayed. To view the details of the Professional, click on the [\[View more details\]](#) link.

Figure 137

Angel Tan (D11151A)
View more details

The details of the Professional will be displayed as follows.

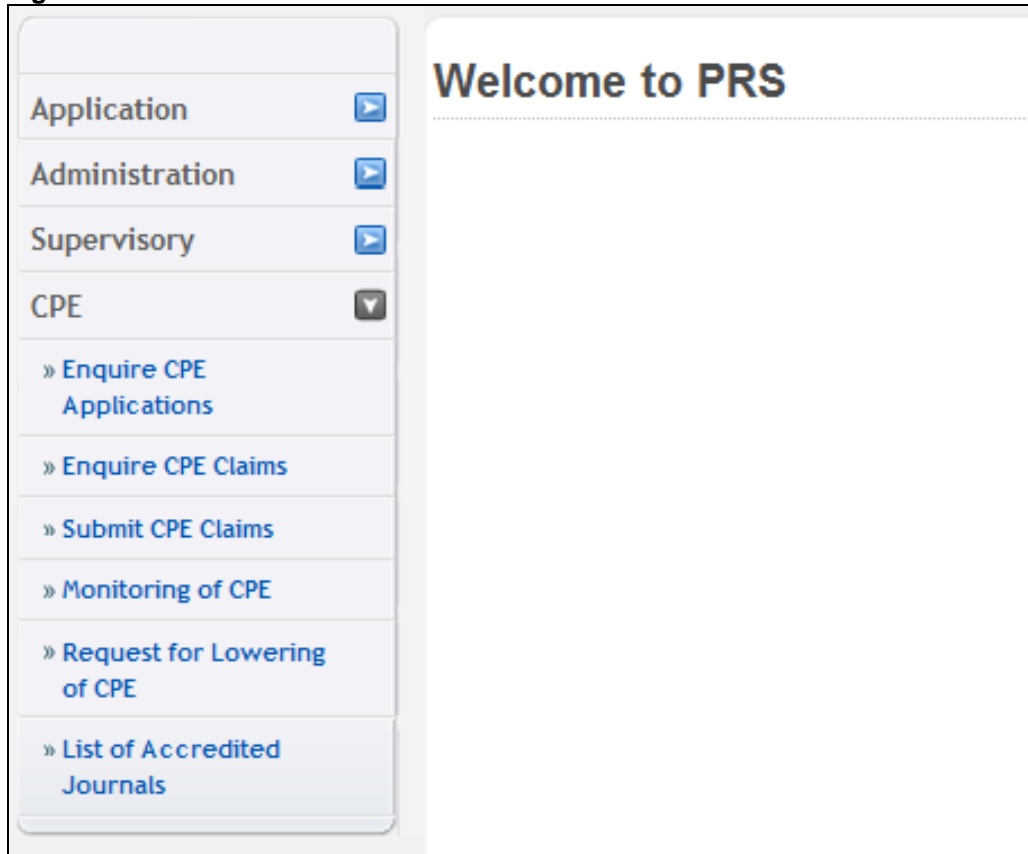
Figure 138

Angel Tan (D11151A)	
<hr/>	
Registration Number	D11151A
Registration Date	16/04/2013
Registration End Date	
Registration Type	Conditional Registration
Practising Certificate Start Date	01/01/2013
Practising Certificate End Date	31/12/2014
Qualifications	qq3 2000, UNIV 3, China
Type of Register: Dentist	
<hr/>	
Primary Place of Practice	
<hr/>	
Name of Place of Practice	National Healthcare Group Polyclinics
Address of Place of Practice	89 NHG Polyclinic Hougang Ave 4 #01 - 01 Singapore 538829
Tel	
Map	Google Map One Map
Back to Top Back to Search Results Reset Search Rate this service	

- Click on the [\[Back to Top\]](#) link to return to the top of the page.
- Click on the [\[Reset Search\]](#) link to do a search again.
- Click on the [\[Rate this service\]](#) link to rate the service of the Professional Search.

2.15. Submit CPE Claims

Figure 139



The menu on the left displays the functions you have access to. To submit a CPE Claim, click on the **[CPE]** menu item. Click on the **[Submit CPE Claims]** link

The CPE Claims form will be displayed as follows.

Figure 140

Category
Claim
Documents
Confirmation
Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

*Category	--Select Here--
*Type of Activity	--Select Here--

Awarded CPE points (After Capping)

Category	CPE Points	
	Core Points	Non Core Points
1C	0	0
2	0	0
3A	0	0
3B	0	0

Claim Category Details		
Category	Type of Activity	Role
1C	Certification	-
	Overseas Events	Speaker, Participant
	Post graduate Programmes	-
2	Journals	Main Author, Subsidiary Author
	Book / Textbook	Main Author, Subsidiary Author
	E-Learning / Online Publication	Contributor, Reviewer
3A	Audio Visual Media	-
	Online/Offline Education Programmes	-
	Readings	-
3B	Distance Learning	-

[Proceed](#)

To proceed to the next stage of the application (i.e.: Documents)

- Select the Category
- Select Type of Activity
- Click on the [\[Proceed\]](#) button

2.15.1. Category 1C (Certification)

Figure 141

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	-(11/11/1999)

Category of Certification Credit Claim

Category	1C
Type of Activity	Certification
*Name of Certification	--Select Here--
*Date of Attendance	dd/mm/yyyy
*Venue of Course	
*Duration of Course	--Select Here--
*Certificate Validity Start Date	dd/mm/yyyy
*Certificate Validity End Date	dd/mm/yyyy
*Certification Type	--Select Here--

Certification Provider Details

*Organisation	
*Contact Person Name	
*Telephone No	
*Email Address	
Additional Remarks	

(0/500)

Proceed

To proceed to the next stage of the application (i.e.: Confirmation)

- Select the Name of Certification
- Enter Date of Attendance (dd/mm/yy)
- Enter Venue of Course
- Select Duration of Course
- Enter Certificate Validity Start Date (dd/mm/yyyy)
- Enter Certificate Validity End Date (dd/mm/yyyy)
- Select Certification Type
- Enter Organisation
- Enter Contact Person Name
- Enter Telephone No.
- Enter Email Address
- (Optional): Enter Additional Remarks
- Click on the **Proceed** button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 142

Category	Claim	Documents	Confirmation	Acknowledgement
----------	-------	------------------	--------------	-----------------

Submission of CPE Claims

Mandatory Documents

Document Title	BCLS Certificate		
*Upload Document	<input type="text"/>	Browse..	Attach

Additional Documents

Document Title	--Select Here--		
File	<input type="text"/>	Browse..	Attach

Documents Attached

No document attached.

[Proceed](#)

- Upload Mandatory Documents
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- Tip: You may click on the [\[Claims\]](#) link to return to the previous page to make changes, if necessary.
- Click [\[Proceed\]](#) button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Figure 143

Category	Claim	Documents	Confirmation	Acknowledgement
----------	-------	-----------	---------------------	-----------------

Submission of CPE Claims

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	-(11/11/1999)

Category of Certification Credit Claim

Registration No.	-
Registered Specialty	-

Category of Certification Credit Claim	
Category	1C
Type of Activity	Certification
Name of Certification	BCLS
Date of Attendance	11/11/2009
Venue of Course	Singapore
Duration of Course	05 Hrs
Certificate Validity Start Date	11/11/2009
Certificate Validity End Date	11/11/2012
Certification Type	Re-Certification
Organisation	Organisation A
Contact Person Name	Person A
Telephone No	67465742
Email Address	persona@hotmail.com
Additional Remarks	-

Documents Attached
BCLS Certificate
Document Title 1

Confirm

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the **[Proceed]** button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 144

Submission of CPE Claims
Submission of CPE Claims
Acknowledgement for Submission of CPE Claims
Please be informed that your submission of CPE claim for Category 1C has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.
Your application no. is SDC20121114-1C-1760 Type of Activity: Certification Activity Date: 11/11/2009 Activity Title: Re-Certification
You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prsncsi+sit+sdcc@gmail.com and quote the above application no.
<div>Print</div>

To finish with the application

- (Optional): Click on the **[email]** link to email SDC for any queries
- Recommended: Click on the **[Print]** button to print out a copy of the acknowledgement page.

2.15.2. Category 1C (Overseas Event)

Category

Claim

Documents

Confirmation

Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	-(11/11/1999)

Category of Overseas Events Credit Claim

Category	1C
Type of Activity	Overseas Events
*Role	--Select Here--
*Type of Overseas Event	--Select Here--
*Event Specialty	--Select Here--
*Event Title	--Select Here--
*Organiser	
*Country	--Select Here--
*Venue	
*Event Start Date	dd/mm/yyyy
*Event End Date	dd/mm/yyyy
*Duration of Event	--Select Here--
Speaker's Topic 1	<div>Add Speaker Topic</div>
Additional Remarks	<div>(0/500)</div>

Proceed

To proceed to the next stage of the application (i.e.: Confirmation)

- Select the Role
- Select Type of Overseas Event
- Select Event Specialty
- Select Event Title
- Enter Name of Organiser
- Select Country
- Select Name of Venue
- Enter Event Start Date (dd/mm/yyyy)
- Enter End Date (dd/mm/yyyy)
- Select Duration of Event
- (Optional): Enter Speaker's Topic 1
- (Optional): Enter Additional Remarks
- Click on the **Proceed** button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 145

The screenshot shows a web interface for 'Submission of CPE Claims'. At the top, there is a navigation bar with tabs: 'Category', 'Claim', 'Documents' (which is highlighted), 'Confirmation', and 'Acknowledgement'. Below the navigation bar, the title 'Submission of CPE Claims' is displayed. Underneath, there is a section titled 'Additional Documents'. This section contains a form with two rows. The first row is labeled 'Document Title' and has a dropdown menu with the text '--Select Here--'. The second row is labeled 'File' and has a text input field, a 'Browse..' button, and an 'Attach' button. Below the form, there is a section titled 'Documents Attached' which currently displays 'No document attached.' At the bottom of the form, there is a 'Proceed' button.

- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- Tip: You may click on the [\[Claims\]](#) link to return to the previous page to make changes, if necessary.
- Click [\[Proceed\]](#) button

Figure 146

Category	Claim	Documents	Confirmation	Acknowledgement
----------	-------	-----------	---------------------	-----------------

Submission of CPE Claims

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	- (11/11/1999)

Category of Overseas Events Credit Claim

Category	1C
Type of Activity	Overseas Events
Role	Participant
Type of Overseas Event	Seminar
Event Specialty	Dental Public Health
Event Title	Others
Event Title (Others)	Title A
Organiser	Organise A
Country	Singapore
Venue	Singapore
Event Start Date	11/11/2012
Event End Date	13/11/2012
Duration of Event	10 Hrs
Additional Remarks	-

CPE Points	10
------------	----

Documents Attached

Document Title 1

Confirm

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the **[Proceed]** button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 147

Submission of CPE Claims

Submission of CPE Claims

Acknowledgement for Submission of CPE Claims

Please be informed that your submission of CPE claim for Category 1C has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.

Your application no. is SDC20121114-1C-1761
Type of Activity: Overseas Events
Activity Date: 13/11/2012
Activity Title: Title A

You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prsncsi+sit+sdcc@gmail.com and quote the above application no.

Print

finish with the application

- (Optional): Click on the [\[email\]](#) link to email SDC for any queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.15.3. Category 1C (Post graduate Programmes)

Figure 148

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	-(11/11/1999)

Category of Post graduate Programmes Credit Claim

Category	1C
Type of Activity	Post graduate Programmes
*Title	<input type="text"/>
*Specialty	--Select Here--
*Organiser	<input type="text"/>
*Country	--Select Here--
*Venue	<input type="text"/>
*Date From	dd/mm/yyyy
*Date To	dd/mm/yyyy
*Duration(hrs)	--Select Here--
Course Type	--Select Here--
Qualification Type	--Select Here--
Additional Remarks	<input type="text"/> (0/500)

Proceed

To proceed to the next stage of the application (i.e.: Documents)

- Enter the Title
- Select Specialty
- Enter the Organiser
- Select Country
- Select Name of Venue
- Enter Event Start Date (dd/mm/yyyy)
- Enter End Date (dd/mm/yyyy)
- Select Duration of Event
- (Optional): Select Course Type
- (Optional): Select Qualification Type
- (Optional): Enter Additional Remarks
- Click on the **Proceed** button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 149

Category Claim **Documents** Confirmation Acknowledgement

Submission of CPE Claims

Additional Documents

Document Title --Select Here--

File

Documents Attached

No document attached.

- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- Tip: You may click on the [\[Claims\]](#) link to return to the previous page to make changes, if necessary.
- Click [\[Proceed\]](#) button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Figure 150

Category	Claim	Documents	Confirmation	Acknowledgement
Submission of CPE Claims				
Registration Details				
Registration No.	D11026D			
Name	Jason Tan			
Registered Specialty				
Appointment	- (11/11/1999)			
Category of Post graduate Programmes Credit Claim				
Category	1C			
Type of Activity	Post graduate Programmes			
Title	Title A			
Specialty	Endodontics			
Organiser	Organiser A			
Country	Singapore			
Venue	Singapore			
Date From	11/11/2011			
Date To	11/05/2012			
Duration (hrs)	25 Hrs			
Course Type	Full Time			
Qualification Type	Qualification 1			
Additional Remarks	-			
CPE Points	0			
Documents Attached				
Document Title 1				
<input type="button" value="Confirm"/>				

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the [\[Proceed\]](#) button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 151

Submission of CPE Claims
Submission of CPE Claims
Acknowledgement for Submission of CPE Claims
Please be informed that your submission of CPE claim for Category 1C has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.
Your application no. is SDC20121114-1C-1763
Type of Activity: Post graduate Programmes
Activity Date: 11/05/2012
Activity Title: Title A
You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prnncsi+sit+sdcc@gmail.com and quote the above application no.
<input type="button" value="Print"/>

To finish with the application

- (Optional): Click on the [\[email\]](#) link to email SMC for any queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.15.4. Category 2 (Journals)

Figure 152

The screenshot displays a web form titled "Submission of CPE Claims". At the top, there is a navigation bar with tabs: "Category", "Claim" (which is highlighted in blue), "Documents", "Confirmation", and "Acknowledgement". Below the navigation bar, the title "Submission of CPE Claims" is shown. A note states: "Note: All Fields marked with asterisk (*) are mandatory." The form is divided into two main sections. The first section, "Registration Details", contains a table with the following information: Registration No. (D11026D), Name (Jason Tan), Registered Specialty, and Appointment (- (11/11/1999)). The second section, "Category of Journals Credit Claim", contains a form with the following fields: Category (2), Type of Activity (Journals), Journal Type (a dropdown menu with "--Select Here--"), *Specialty (a dropdown menu with "--Select Here--"), *Journal Name (a dropdown menu with "--Select Here--"), *Paper Title (a text input field), *Role (a dropdown menu with "--Select Here--"), Publisher (a text input field), *Publication Year (a text input field with a "Not Published" checkbox), Publication Date (a date picker with "dd/mm/yyyy" format), Volume / Issue No (a text input field), and Additional Remarks (a text area with a character count of 0/500). At the bottom of the form, there is a "Proceed" button.

Registration Details	
Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	- (11/11/1999)

Category of Journals Credit Claim	
Category	2
Type of Activity	Journals
Journal Type	--Select Here--
*Specialty	--Select Here--
*Journal Name	--Select Here--
*Paper Title	
*Role	--Select Here--
Publisher	
*Publication Year	
Publication Date	dd/mm/yyyy
Volume / Issue No	
Additional Remarks	

Proceed

To proceed to the next stage of the application (i.e.: Documents)

- Select Journal Type
- Select Specialty
- Select Journal Name
- Enter Paper Title
- Select Role
- (Optional): Enter Publisher
- Enter Publication Year (yyyy)
- (Optional): Enter Volume/Issue No.
- (Optional): Enter Additional Remarks
- Click on the **Proceed** button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 153

Category Claim **Documents** Confirmation Acknowledgement

Submission of CPE Claims

Additional Documents

Document Title --Select Here--

File

Documents Attached
No document attached.

- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the **Browse** button.
 - Select the file to upload.
 - Click on the **Open** button.
 - Click on the **Attach** button.
- Tip: You may click on the **Claims** link to return to the previous page to make changes, if necessary.
- Click **Proceed** button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Figure 154

Category	Claim	Documents	Confirmation	Acknowledgement
Submission of CPE Claims				
Registration Details				
Registration No.	D11026D			
Name	Jason Tan			
Registered Specialty				
Appointment	- (11/11/1999)			
Category of Journals Credit Claim				
Category	2			
Type of Activity	Journals			
Journal Type	Refereed Journal			
Specialty	Dental Public Health			
Journal Name	Clinical Preventive Dentistry			
Paper Title	Paper A			
Role	Subsidiary Author			
Publisher	Publisher A			
Publication Year	2011			
Publication Date	11/11/2011			
Volume / Issue No	-			
Additional Remarks	-			
CPE Points	5			
Documents Attached				
Document Title 1				
Confirm				

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the **[Proceed]** button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 155

Submission of CPE Claims
Submission of CPE Claims
Acknowledgement for Submission of CPE Claims
Please be informed that your submission of CPE claim for Category 2 has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.
Your application no. is SDC20121114-2-1775 Type of Activity: Journals Activity Date: 14/11/2012 Activity Title: Clinical Preventive Dentistry - Paper A
You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prsncsi+sit+sdcc@gmail.com and quote the above application no.
<input type="button" value="Print"/>

To finish with the application

- (Optional): Click on the [\[email\]](#) link to email SMC for any queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.15.5. Category 2 (Book / Textbook)

Figure 156

The screenshot shows the 'Submission of CPE Claims' form for Category 2 (Book / Textbook). The form is divided into two main sections: 'Registration Details' and 'Category of Book / Textbook Credit Claim'. The 'Registration Details' section includes fields for Registration No. (D11026D), Name (Jason Tan), Registered Specialty, and Appointment (- (11/11/1999)). The 'Category of Book / Textbook Credit Claim' section includes fields for Category (2), Type of Activity (Book / Textbook), *Specialty (dropdown menu), *Book Name, *Chapter Title, *Role (dropdown menu), Publisher, *Publication Year, and Additional Remarks (text area with a character count of 0/500). A 'Proceed' button is located at the bottom left of the form.

To proceed to the next stage of the application (i.e.: Documents)

- Select Specialty
- Enter Book Name
- Enter Chapter Title
- Select the Role
- (Optional): Enter Publisher
- Enter Publication Year (yyyy)
- (Optional): Enter Additional Remarks
- Click on the **[Proceed]** button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 157

The screenshot shows the 'Submission of CPE Claims' form for the 'Documents' stage. The form is divided into two main sections: 'Additional Documents' and 'Documents Attached'. The 'Additional Documents' section includes fields for Document Title (dropdown menu), File (text input), and buttons for 'Browse..' and 'Attach'. The 'Documents Attached' section shows a message 'No document attached.' and a 'Proceed' button at the bottom left.

- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- Tip: You may click on the [\[Claims\]](#) link to return to the previous page to make changes, if necessary.
- Click [\[Proceed\]](#) button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Figure 158

Category	Claim	Documents	Confirmation	Acknowledgement
Submission of CPE Claims				
Registration Details				
Registration No.	D11026D			
Name	Jason Tan			
Registered Specialty				
Appointment	- (11/11/1999)			
Category of Book / Textbook Credit Claim				
Category	2			
Type of Activity	Book / Textbook			
Specialty	Dental Public Health			
Book Name	Book A			
Chapter Title	Chapter A			
Role	Subsidiary Author			
Publisher	Publisher A			
Publication Year	2012			
Additional Remarks	-			
CPE Points	5			
Documents Attached				
Document Title 1				
Confirm				

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the **[Proceed]** button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 159

Submission of CPE Claims

Submission of CPE Claims

Acknowledgement for Submission of CPE Claims

Please be informed that your submission of CPE claim for Category 2 has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.

Your application no. is SDC20121114-2-1778
Type of Activity: Book / Textbook
Activity Date: 14/11/2012
Activity Title: Book A - Chapter A

You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prsncsi+sif+sdcc@gmail.com and quote the above application no.

Print

To finish with the application

- (Optional): Click on the **[email]** link to email SMC for any queries
- Recommended: Click on the **[Print]** button to print out a copy of the acknowledgement page.

2.15.6. Category 2 (E-Learning / Online Publication)

Figure 160

Category Claim Documents Confirmation Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	-(11/11/1999)

Category of null Credit Claim

Category	2
Type of Activity	E-Learning / Online Publication
*Provider / Organisation	<input type="text"/>
*Title	<input type="text"/>
*Specialty	--Select Here--
*Role	--Select Here--
URL	<input type="text"/>
*Year Launched/Posted	<input type="text"/>
Additional Remarks	<input type="text"/>

(0/500)

Proceed

To proceed to the next stage of the application (i.e.: Documents)

- Enter Provider/Organisation
- Enter Title
- Select Specialty
- Select the Role
- (Optional): Enter URL
- Enter Year Launched/Posted (yyyy)
- (Optional): Enter Additional Remarks
- Click on the **Proceed** button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 161

Category Claim **Documents** Confirmation Acknowledgement

Submission of CPE Claims

Additional Documents

Document Title --Select Here--

File

Documents Attached		
Document Title 1	Replace	Delete

- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- Tip: You may click on the [\[Claims\]](#) link to return to the previous page to make changes, if necessary.
- Click [\[Proceed\]](#) button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Figure 162

Category	Claim	Documents	Confirmation	Acknowledgement
Submission of CPE Claims				
Registration Details				
Registration No.	D11026D			
Name	Jason Tan			
Registered Specialty				
Appointment	- (11/11/1999)			
Category of E-Learning / Online Publication Credit Claim				
Category	2			
Type of Activity	E-Learning / Online Publication			
Provider / Organisation	Organisation A			
Title	Title A			
Specialty	Dental Public Health			
Role	Reviewer			
URL	-			
Year Launched/Posted	2011			
Additional Remarks	-			
CPE Points	2			
Documents Attached				
Document Title 1				
<input type="button" value="Confirm"/>				

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the **[Proceed]** button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 163

Submission of CPE Claims
Submission of CPE Claims
Acknowledgement for Submission of CPE Claims
Please be informed that your submission of CPE claim for Category 2 has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.
Your application no. is SDC20121114-2-1779 Type of Activity: E-Learning / Online Publication Activity Date: 14/11/2012 Activity Title: Title A
You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prsncsi+sit+sdcc@gmail.com and quote the above application no.
<input type="button" value="Print"/>

To finish with the application

- (Optional): Click on the [\[email\]](#) link to email SMC for any queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.15.7. Category 3A (Audio Visual Media)

Figure 164

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	-(11/11/1999)

Category of Audio Visual Media Credit Claim

Category	3A
Type of Activity	Audio Visual Media
*Specialty	--Select Here--
*Programme Provider	<input type="text"/>
*Programme Title	<input type="text"/>
Author / Speaker	<input type="text"/>
*Year of Media Produced	<input type="text"/>
Serial / Volume No.	<input type="text"/>
Additional Remarks	<input type="text"/> (0/500)

Proceed

To proceed to the next stage of the application (i.e.: Documents)

- Select Specialty
- Enter Programme Provider
- Enter Programme Title
- (Optional): Enter Author/Speaker
- Enter Year of Media Produced (yyyy)
- (Optional): Enter Serial / Volume No.
- (Optional): Enter Additional Remarks
- Click on the **Proceed** button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 165

Submission of CPE Claims

Additional Documents

Document Title	--Select Here--
File	<input type="text"/> Browse.. Attach

Documents Attached

No document attached.

Proceed

- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- Tip: You may click on the [\[Claims\]](#) link to return to the previous page to make changes, if necessary.
- Click [\[Proceed\]](#) button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Figure 166

Category

Claim

Documents

Confirmation

Acknowledgement

Submission of CPE Claims

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	- (11/11/1999)

Category of Audio Visual Media Credit Claim

Category	3A
Type of Activity	Audio Visual Media
Specialty	Dental Public Health
Programme Provider	Provider A
Programme Title	Title A
Author / Speaker	-
Year of Media Produced	2011
Serial / Volume No.	-
Additional Remarks	-

CPE Points	1
------------	---

Documents Attached

Document Title 1

Confirm

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the **[Proceed]** button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 167

Submission of CPE Claims

Submission of CPE Claims

Acknowledgement for Submission of CPE Claims

Please be informed that your submission of CPE claim for Category 3A has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.

Your application no. is SDC20121114-3A-1782
Type of Activity: Audio Visual Media
Activity Date: 14/11/2012
Activity Title: Provider A - Title A

You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prsnsci+sit+sdcc@gmail.com and quote the above application no.

Print

To finish with the application

- (Optional): Click on the [\[email\]](#) link to email SMC for any queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.15.8. Category 3A (Online/Offline Education Programmes)

Figure 168

Category Claim Documents Confirmation Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	- (11/11/1999)

Category of Online/Offline Education Programmes Credit Claim

Category	3A
Type of Activity	Online/Offline Education Programmes
*Specialty	--Select Here--
*Programme Provider	<input type="text"/>
*Programme Title	<input type="text"/>
Author / Speaker	<input type="text"/>
URL	<input type="text"/>
Additional Remarks	<input type="text"/> (0/500)

[Proceed](#)

To proceed to the next stage of the application (i.e.: Documents)

- Select Specialty
- Enter Programme Provider
- Enter Programme Title
- (Optional): Enter Author/Speaker
- (Optional): Enter URL
- (Optional): Enter Additional Remarks
- Click on the [\[Proceed\]](#) button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 169

The screenshot shows a web interface for 'Submission of CPE Claims'. At the top, there is a navigation bar with five tabs: 'Category', 'Claim', 'Documents' (which is active and highlighted in blue), 'Confirmation', and 'Acknowledgement'. Below the navigation bar, the title 'Submission of CPE Claims' is displayed. Underneath the title, there is a section labeled 'Additional Documents'. This section contains a form with two rows. The first row has a label 'Document Title' followed by a dropdown menu currently showing '--Select Here--'. The second row has a label 'File' followed by a text input field, a 'Browse..' button, and an 'Attach' button. Below the 'Additional Documents' section, there is a section titled 'Documents Attached' which currently displays the text 'No document attached.' At the bottom of the form, there is a 'Proceed' button.

- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the **[Browse]** button.
 - Select the file to upload.
 - Click on the **[Open]** button.
 - Click on the **[Attach]** button.
- Tip: You may click on the **[Claims]** link to return to the previous page to make changes, if necessary.
- Click **[Proceed]** button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Figure 170

Category	Claim	Documents	Confirmation	Acknowledgement
Submission of CPE Claims				
Registration Details				
Registration No.	D11026D			
Name	Jason Tan			
Registered Specialty				
Appointment	- (11/11/1999)			
Category of Online/Offline Education Programmes Credit Claim				
Category	3A			
Type of Activity	Online/Offline Education Programmes			
Specialty	Dental Public Health			
Programme Provider	Provider A			
Programme Title	Title A			
Author / Speaker	-			
URL	-			
Additional Remarks	-			
CPE Points	1			
Documents Attached				
Document Title 2				
<input type="button" value="Confirm"/>				

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the [\[Proceed\]](#) button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 171

Submission of CPE Claims
Submission of CPE Claims
Acknowledgement for Submission of CPE Claims
Please be informed that your submission of CPE claim for Category 3A has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.
Your application no. is SDC20121114-3A-1788 Type of Activity: Online/Offline Education Programmes Activity Date: 14/11/2012 Activity Title: Provider A-Title A
You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prsncsi+sit+sdcc@gmail.com and quote the above application no.
<input type="button" value="Print"/>

To finish with the application

- (Optional): Click on the [\[email\]](#) link to email SMC for any queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.15.9. Category 3A (Reading)

Figure 172

Category
Claim
Documents
Confirmation
Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	- (11/11/1999)

Category of Readings Credit Claim

Category	3A
Type of Activity	Readings
*Specialty	--Select Here--
*Type of Readings	--Select Here--
*Name of Readings	--Select Here--
*Topic / Title	
Publisher	
*Publication Year	
Volume / Issue No	
Page number	
Additional Remarks	(0/500)

Proceed

To proceed to the next stage of the application (i.e.: Documents)

- Select Specialty
- Select Type of Readings
- Select Name of Readings
- Enter Topic / Title
- (Optional): Enter Publisher
- Enter Publication Year (yyyy)
- (Optional): Enter Serial / Volume No.
- (Optional): Enter Page number
- (Optional): Enter Additional Remarks
- Click on the **Proceed** button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 173

The screenshot shows a web form titled "Submission of CPE Claims". At the top, there is a navigation bar with five tabs: "Category", "Claim", "Documents" (which is active and highlighted in blue), "Confirmation", and "Acknowledgement". Below the tabs, the main heading "Submission of CPE Claims" is displayed. Underneath, there is a section titled "Additional Documents". This section contains a "Document Title" field with a dropdown menu currently showing "--Select Here--", and a "File" field with a text input box. To the right of the "File" input are two buttons: "Browse.." and "Attach". Below these fields is a section titled "Documents Attached" which currently displays the text "No document attached.". At the bottom of the form is a "Proceed" button.

- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- Tip: You may click on the [\[Claims\]](#) link to return to the previous page to make changes, if necessary.
- Click [\[Proceed\]](#) button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Category	Claim	Documents	Confirmation	Acknowledgement
----------	-------	-----------	---------------------	-----------------

Submission of CPE Claims

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	-(11/11/1999)

Category of null Credit Claim

Category	3A
Type of Activity	Readings
Specialty	Dental Public Health
Name of Readings	Clinical Preventive Dentistry
Topic / Title	Topic A
Publisher	-
Publication Year	2011
Volume / Issue No	-
Page number	-
Additional Remarks	-

CPE Points	1
------------	----------

Documents Attached
Document Title 1

[Confirm](#)

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the [\[Proceed\]](#) button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 174

Submission of CPE Claims
Submission of CPE Claims
Acknowledgement for Submission of CPE Claims
Please be informed that your submission of CPE claim for Category 3A has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.
Your application no. is SDC20121114-3A-1789 Type of Activity: Readings Activity Date: 14/11/2012 Activity Title: Clinical Preventive Dentistry - Topic A
You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prsnsci+sit+sdcc@gmail.com and quote the above application no.
<input type="button" value="Print"/>

To finish with the application

- (Optional): Click on the [\[email\]](#) link to email SMC for any queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.15.10. Category 3B (Distance Learning)

Figure 175

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	- (11/11/1999)

Category of Distance Learning Credit Claim

Category	3B
Type of Activity	Distance Learning
*Programme Specialty	--Select Here--
*Programme Provider	--Select Here--
URL	
*Programme Title / Topic	
*Assessment Date	
Module Title / Volume No	
Author (if applicable)	
Additional Remarks	(0/500)

Proceed

To proceed to the next stage of the application (i.e.: Documents)

- Select Programme Specialty
- Select Programme Provider
- (Optional): Enter URL
- Enter Programme Title / Topic
- Enter Assessment Date
- Enter Topic / Title
- (Optional): Enter Assessment Date (dd/mm/yyyy)
- (Optional): Enter Module Title / Volume No.
- (Optional): Enter Author (if applicable)
- (Optional): Enter Additional Remarks
- Click on the **Proceed** button

If the inputs all pass the required validation checks, the Documents form will be displayed as follows.

Figure 176

Category Claim **Documents** Confirmation Acknowledgement

Submission of CPE Claims

Mandatory Documents

Document Title Certificate of Participation

*Upload Document

Additional Documents

Document Title --Select Here--

File

Documents Attached

No document attached.

- Upload Mandatory Documents
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the [\[Browse\]](#) button.
 - Select the file to upload.
 - Click on the [\[Open\]](#) button.
 - Click on the [\[Attach\]](#) button.
- Tip: You may click on the [\[Claims\]](#) link to return to the previous page to make changes, if necessary.
- Click [\[Proceed\]](#) button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Figure 177

Category	Claim	Documents	Confirmation	Acknowledgement
----------	-------	-----------	---------------------	-----------------

Submission of CPE Claims

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	-(11/11/1999)

Category of Distance Learning Credit Claim

Category	3B
Type of Activity	Distance Learning
Programme Specialty	Dental Public Health
Programme Provider	Others
Programme Provider (Others)	Provider A
URL	-
Programme Title / Topic	Topic A
Assessment Date	11/11/2011
Module Title / Volume No	-
Author (if applicable)	-
Additional Remarks	-

CPE Points	1
------------	----------

Documents Attached

Document Title 1

Confirm

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Click on the **[Proceed]** button

The CPE Claims acknowledgement page will be displayed as follows.

Figure 178

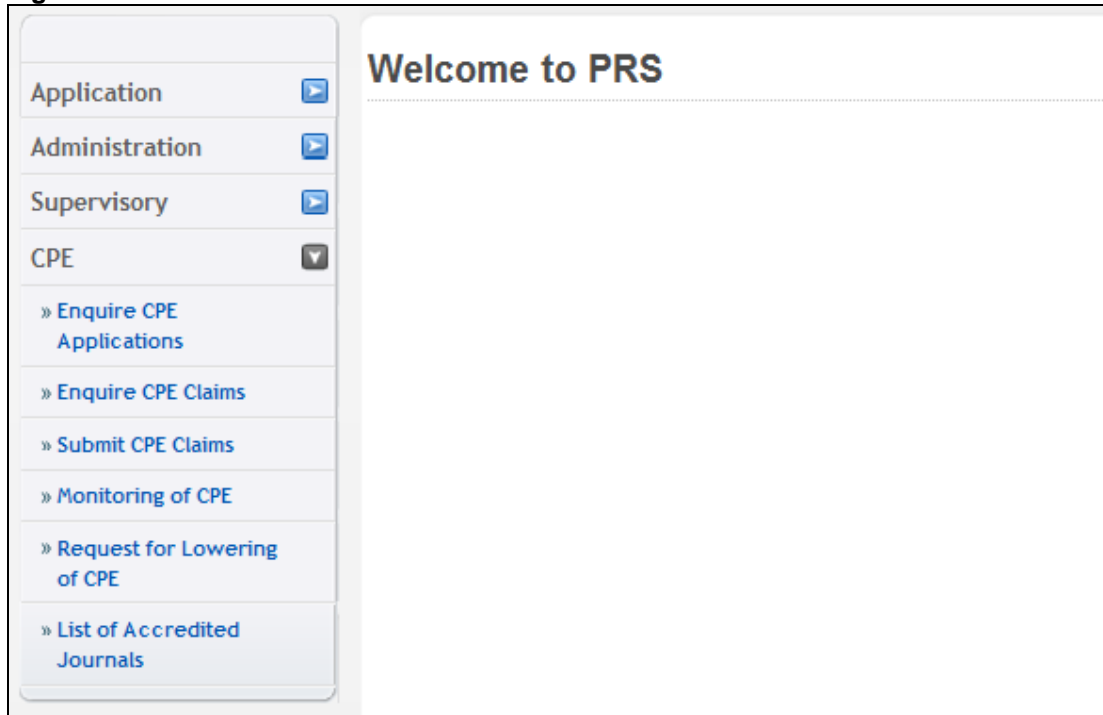
Submission of CPE Claims
Submission of CPE Claims
Acknowledgement for Submission of CPE Claims
Please be informed that your submission of CPE claim for Category 3B has been submitted to Singapore Dental Council on 14/11/2012. Please print / save a copy of this acknowledgement for your reference.
Your application no. is SDC20121114-3B-1792 Type of Activity: Distance Learning Activity Date: 11/11/2011 Activity Title: Topic A
You will be notified via email on the outcome of your application. Please login to to view status of your claims. For any query, please email to prsncsi+sit+sdcc@gmail.com and quote the above application no.
<input type="button" value="Print"/>

To finish with the application

- (Optional): Click on the [\[email\]](#) link to email SMC for any queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.16. Enquire CPE Claims

Figure 179



The menu on the left displays the functions you have access to. To enquire a CPE Claim, click on the **[CPE]** menu item. Click on the **[Enquire CPE Claims]** link

The Enquire CPE Claims page will be displayed as follows.

Figure 180

Enquire Applications View Details			
Application Submitted			
Application No.	Date of Submission	Application Status	Remarks
SDC20121114-3B-1792	14/11/2012	Application Submitted	-
SDC20121114-3A-1789	14/11/2012	Application Submitted	-
SDC20121114-3A-1788	14/11/2012	Application Submitted	-
SDC20121114-3A-1782	14/11/2012	Application Submitted	-
SDC20121114-2-1779	14/11/2012	Application Submitted	-
SDC20121114-2-1778	14/11/2012	Application Submitted	-
SDC20121114-2-1775	14/11/2012	Application Submitted	-
SDC20121114-1C-1763	14/11/2012	Application Submitted	-
SDC20121114-1C-1761	14/11/2012	Application Submitted	-
SDC20121114-1C-1760	14/11/2012	Application Submitted	-
Page 1		[First] [Previous] [Next] [Last]	

To view on a particular CPE Claim, click on the application no.

The CPE Claim will be displayed as follows.

[Enquire Applications](#)
[View Details](#)

Submission of CPE Claims

Registration Details

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	-(11/11/1999)

Category of Certification Credit Claim

Registration No.	-
Registered Specialty	-

Category of Certification Credit Claim

Category	1C
Type of Activity	Certification
Name of Certification	BCLS
Date of Attendance	11/11/2009
Venue of Course	Singapore
Duration of Course	05 Hrs
Certificate Validity Start Date	11/11/2009
Certificate Validity End Date	11/11/2012
Certification Type	Re-Certification
Organisation	Organisation A
Contact Person Name	Person A
Telephone No	67465742
Email Address	persona@hotmail.com
Additional Remarks	-

Documents Attached

[BCLS Certificate](#)

[Document Title 1](#)

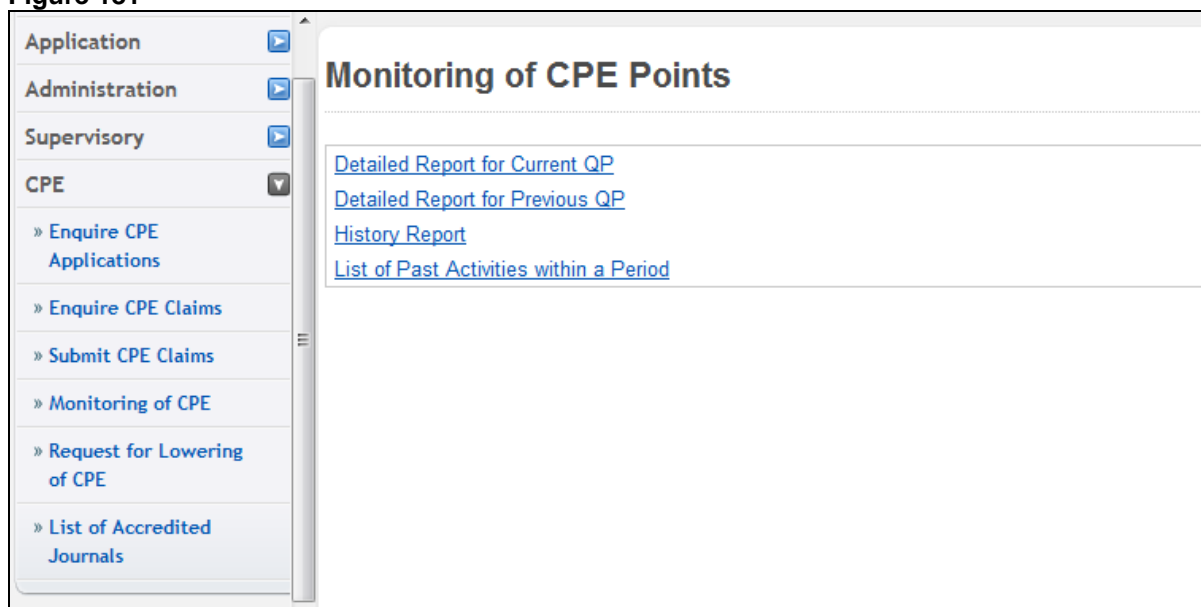
[Print](#)

- Tip: You may click on the [\[Enquire Application\]](#) link to return to the previous page to make changes, if necessary.
- Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.17. Monitoring of CPE

The menu on the left displays the functions you have access to. To monitor CPE, click on the [\[CPE\]](#) menu item. Click on the [\[Monitoring of CPE\]](#) link.

Figure 181



Click on the different links displayed on the right to view the different reports. The reports will be displayed as follows.

2.17.1. Detailed Report for Current/Previous QP

Figure 182

Detailed Report for Current QP

Registration No.	D08001B
Name	Dan Dan Dan
Registered Specialty	Periodontology (29/11/2012 -) , Endodontics (29/11/2012 -)
Appointment	Dental Officer (15/10/2012)
CPE Specialty	-

All the figures displayed are correct as of 06/01/2013 20:38.

Summary

Qualifying Period (QP)		
QP Type	Time Frame	Note
QP	01/10/2011 - 30/09/2013	-

Certification Details

Name of Certification	Provider Name	Attendance Date	Validity Start Date	Validity End Date	Certification Type
BCLS	A	11/12/2012	11/12/2012	13/12/2012	New Certification
BCLS	A	12/12/2012	12/12/2012	13/12/2012	New Certification
BCLS	Organisation A	29/11/2012	11/11/2012	30/11/2012	New Certification

Points within QP

Point Type	Min. Requirement	*Awarded Points	Meet Min. Requirement?	Shortfall
Total CPE Points	34	153	Yes	0
Core Points	14	65	Yes	0

*All the awarded points displayed above are after cap points (i.e. Points after applying day cap, event cap and category cap, if any).



Breakdown of CPE Points by Category

Category	Before Capping			After Capping		
	Core Points	Non-Core Points	Total Awarded Points	Core Points	Non-Core Points	Total Awarded Points
1A	0	4	4	0	4	4
1B	0	9	9	0	9	9
1C	28	66	94	28	66	94
2	29	5	34	29	5	34

3A	7	1	8	7	1	8
3B	1	3	4	1	3	4

#denotes capped points

[Click here for Capping Rules](#)

Approved Activities  

S/N	Date	Category	Activities Information	Core Points	Non-Core Points	Total Points
1	01/02/2013	1A	SDC20121102-1A-1276 ori 1A - yuxin - event2	0	1	1
2	20/11/2012	1A	SDC20121121-1A-2048 21 Nov – 1A copied from SDC20121121-1A-2047	0	1	1
3	20/11/2012	1A	SDC20121121-1A-2047 21 Nov – 1A Ori	0	1	1
4	01/01/2013	1A	SDC20121102-1A-1274 ori 1A - yuxin - event1	0	1	1
5	31/12/2012 - 31/12/2012	1B	SDC20121121-1B-2053 21 Nov – 1B Ori	0	2	2
6	31/12/2012 - 31/12/2012	1B	SDC20121121-1B-2054 21 Nov – 1B copied from SDC20121121-1B-2053	0	1	1
7	31/12/2012 - 31/12/2012	1B	SDC20121121-1B-2049 21 Nov – 1A Ori	0	6	6
8	06/01/2013	3A	SDC20130106-3A-3404 3432 readings 3a	0	1	1
9	28/12/2012	2	SDC20121228-2-3220 28 dec Cat 1C manual sub	2	0	2
10	12/12/2012	1C	SDC20121228-1C-3214 28 dec Cat 1C manual sub	0	28	28
11	15/12/2012	2	SDC20121215-2-2824 manual sub	2	0	2
12	28/12/2012	2	SDC20121228-2-3224 Australian Endodontic Journal - 28 dec Cat 2 manual sub	5	0	5
13	28/12/2012	3A	SDC20121228-3A-3231 Endodontic Practice J - 28 dec Cat 3A manual sub	1	0	1
14	06/01/2013	3A	SDC20130106-3A-3402 3432 vida test - 3432 vida test title	1	0	1
15	30/11/2012	2	SDC20121130-2-2400 dan dan 2 book - 123321	0	5	5
16	04/12/2012	3A	SDC20121204-3A-2480 Journal of Periodontology - perion (core?) with Act Date 4 Dec	1	0	1

#denotes capped points

[Rate this service](#)

- To view the Capping rules, click on the [\[Click here for Capping Rules\]](#) link.
- To rate the service provided; click on the [\[Rate this service\]](#) link.
- To print the page displayed, click on the [\[Print\]](#) button.
- To view the pending and rejected activities, click on the [\[View Pending and Rejected Activities\]](#) button.
- To send an enquiry for CPE, click on the [\[Send CPE Enquiry\]](#) button.

The pending and rejected activities screen will be displayed as follows.

2.17.1.2 Send CPE Enquiry

Figure 184

Send CPE Enquiry

*Enquiry Type

Activity ID

*Sender Email

(0/500)

To send a CPE Enquiry,

- Select Enquiry Type
- Enter Activity ID
- Enter Sender Email
- Enter Remarks
- Click on the **[Send]** button to proceed.
- Click on the **[Close]** button to close this page.

2.17.2. History Report

Figure 185

History Report

Registration No.	D08001B
Name	Dan Dan Dan
Registered Specialty	Periodontology (29/11/2012 -) , Endodontics (29/11/2012 -)
Appointment	Dental Officer (15/10/2012)
CPE Specialty	-

All the figures displayed are correct as of null.

QP	Category						Min. Requirement		*Awarded Points	
	1A	1B	1C	2	3A	3B	Core Points	Total CPE Points	Core Points	Total CPE Points
03/10/2012-30/09/2013	4	9	94	34	8	4	14	34	65	153

* All the awarded points displayed above are after cap points(i.e. Points after applying day cap, event cap and category cap, if any).

[Rate this service](#)

[Print](#)

- To view the QP, click on hyperlink period of date.
- To rate the service provided; click on the [\[Rate this service\]](#) link.
- To print the page displayed, click on the [\[Print\]](#) button.

2.17.3. List of Past Activities within a Period

Figure 186

List of Past Activities within a Period

Note: All Fields marked with asterisk (*) are mandatory.

*Period From	dd/mm/yyyy	*To	dd/mm/yyyy
Category	--Select Here--	Type of Activity	--Select Here--
Activity Title		QP	--Select Here--

Generate

Approved Activities

S/N	QP	Date	Category	Activities Information	Core Points	Non-Core Points	Total Points
#denotes capped points							
*Core Points	-						
*Non-Core Points	-						
*Total CPE Points	-						

[Rate this service](#)

Print

To generate a list of Past Activities within a Period:

- Enter Period From.(dd/mm/yy)
- Enter Period To (dd/mm/yy)
- (Optional): Select Category.
- (Optional): Select Type of Activity
- (Optional): Enter Activity Title
- (Optional): Select QP
- Click on the **Generate** button.

A list of Approved Activities will be displayed as follows.

Figure 187

List of Past Activities within a Period

Note: All Fields marked with asterisk (*) are mandatory.

*Period From	01/01/2012	*To	31/12/2013
Category	1A	Type of Activity	--Select Here--
Activity Title		QP	--Select Here--

Generate

Approved Activities

S/N	QP	Date	Category	Activities Information	Core Points	Non-Core Points	Total Points
1	03/10/2012 - 30/09/2013	20/11/2012	1A	SDC20121121-1A-2048 21 Nov – 1A copied from SDC20121121-1A-2047	0	1	1
2	03/10/2012 - 30/09/2013	20/11/2012	1A	SDC20121121-1A-2047 21 Nov – 1A Ori	0	1	1
3	03/10/2012 - 30/09/2013	01/01/2013	1A	SDC20121102-1A-1274 ori 1A - yuxin - event1	0	1	1
4	03/10/2012 - 30/09/2013	01/02/2013	1A	SDC20121102-1A-1276 ori 1A - yuxin - event2	0	1	1

#denotes capped points

*Core Points	0
*Non-Core Points	4
*Total CPE Points	4

[Rate this service](#)

[Print](#)

- To view the details of the activity, click on the activity code that is in hyperlink.

The activity details will be displayed as follows.

Figure 188

Event Details			
Registration No.		D08001B	
Name		Dan Dan Dan	
Registered Specialty		Periodontology (29/11/2012 -) , Endodontics (29/11/2012 -)	
Appointment		Dental Officer (15/10/2012)	
CPE Specialty		-	
Event ID		SDC20121121-1A-2048	
Activity Title		21 Nov – 1A copied from SDC20121121-1A-2047	
Activity Date		01/01/2012- 31/12/2012	
Provider Details & Address			
Provider Type	Accredited	Organisation	NCS Pte. Ltd.
Organisation Type	Private Hospitals in Singapore	Address	569141 5 Ang Mo Kio Street 62
Department	Dental Center		NCS Hub
Contact Person(s)			

S/N	Name	Telephone No.	Email Address
1	Tom Dwan	61351341	tomdwan@hotmail.com
2			

Event Details

Category	1A		
Event Specialty	Periodontology		
Type of Event	Grand Ward Round	Lump Sum Attendance	No
Event Title	21 Nov – 1A copied from SDC20121121-1A-2047		
Target Audience	General Dental Practitioners		
Target Audience (Others)			
Target Audience Specialty	Endodontics		
Start Date	01/01/2012	Start Time	08:00
End Date	31/12/2012	End Time	10:00
Event Duration	02 Hr		
Frequency	-		
Venue	Somerset		
Event URL	-	<input checked="" type="checkbox"/> Display in Calendar	
Previous Event ID/Title	-		
Copied from Event ID/Title	SDC20121121-1A-2047 - 21 Nov – 1A Ori		
Additional Remarks	-		
Max CPE Points	2		

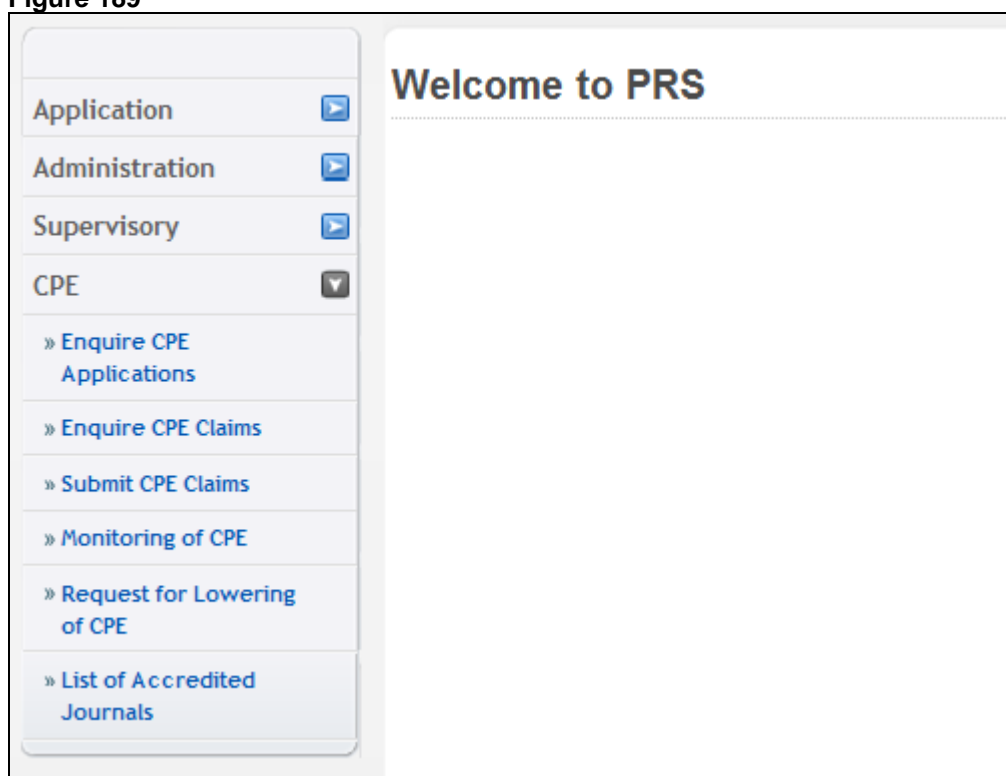
Attendance Details

QP	Attendance Date	Role	Point Type	*Awarded Points	Attendance Approval Date
01/10/2011-30/09/2013	20/11/2012	Speaker	Non Core Points	1	27/11/2012

- To print the page displayed, click on the [\[Print\]](#) button.
- To close the page, click on the [\[Close\]](#) button.

2.18. Request for Lowering of CPE Application

Figure 189



The menu on the left displays the functions you have access to. To submit a Request of Lowering of CPE, click on the [\[CPE\]](#) menu item. Click on the [\[Request for Lowering of CPE\]](#) link

The Request of Lowering of CPE form will be displayed as follows.

Figure 190

Application Confirmation Acknowledgement

Application for Request for Lowering of CPE

Note: All Fields marked with asterisk (*) are mandatory.

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	- (11/11/1999)

*Reason	--Select Here--
Reason(Others)	<div>(0/100)</div>
*Start Date(dd/mm/yyyy)	<div>dd/mm/yyyy</div>
End Date(dd/mm/yyyy)	<div>dd/mm/yyyy</div>
Remarks	<div>(0/500)</div>

SUPPORTING DOCUMENTS

Document Title	--Select Here--	
File	<div></div>	<div>Browse..</div> <div>Attach</div>

Documents Attached

No document attached.

☒ I declare that the above information is true and accurate. I undertake that in the event that I should resume active practice anytime in the future, I will inform the - immediately and fulfill the requisite CPE points.

Proceed

To proceed to the next stage of the application (i.e.: Confirmation)

- Enter the Reason
- (Optional): Enter the Reason(Others)
- Enter Start Date (dd/mm/yy)
- (Optional): Enter End Date (dd/mm/yy)
- (Optional): Enter Remarks
- Upload Mandatory Documents
 - Click on the **Browse** button.
 - Select the file to upload.
 - Click on the **Open** button.
 - Click on the **Attach** button.
- (Optional): Upload Additional Documents
 - Select the document title.
 - If others, enter the document title
 - Click on the **Browse** button.
 - Select the file to upload.
 - Click on the **Open** button.
 - Click on the **Attach** button.
- Click **Proceed** button

If the inputs all pass the required validation checks, the confirmation page will be displayed as follows.

Figure 191

Application
Confirmation
Acknowledgement

Application for Request for Lowering of CPE

Note: All Fields marked with asterisk (*) are mandatory.

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	- (11/11/1999)

Reason	Retired
Reason(Others)	
Start Date(dd/mm/yyyy)	11/11/2011
End Date(dd/mm/yyyy)	
Remarks	

SUPPORTING DOCUMENTS

Documents Attached
Document Title 1

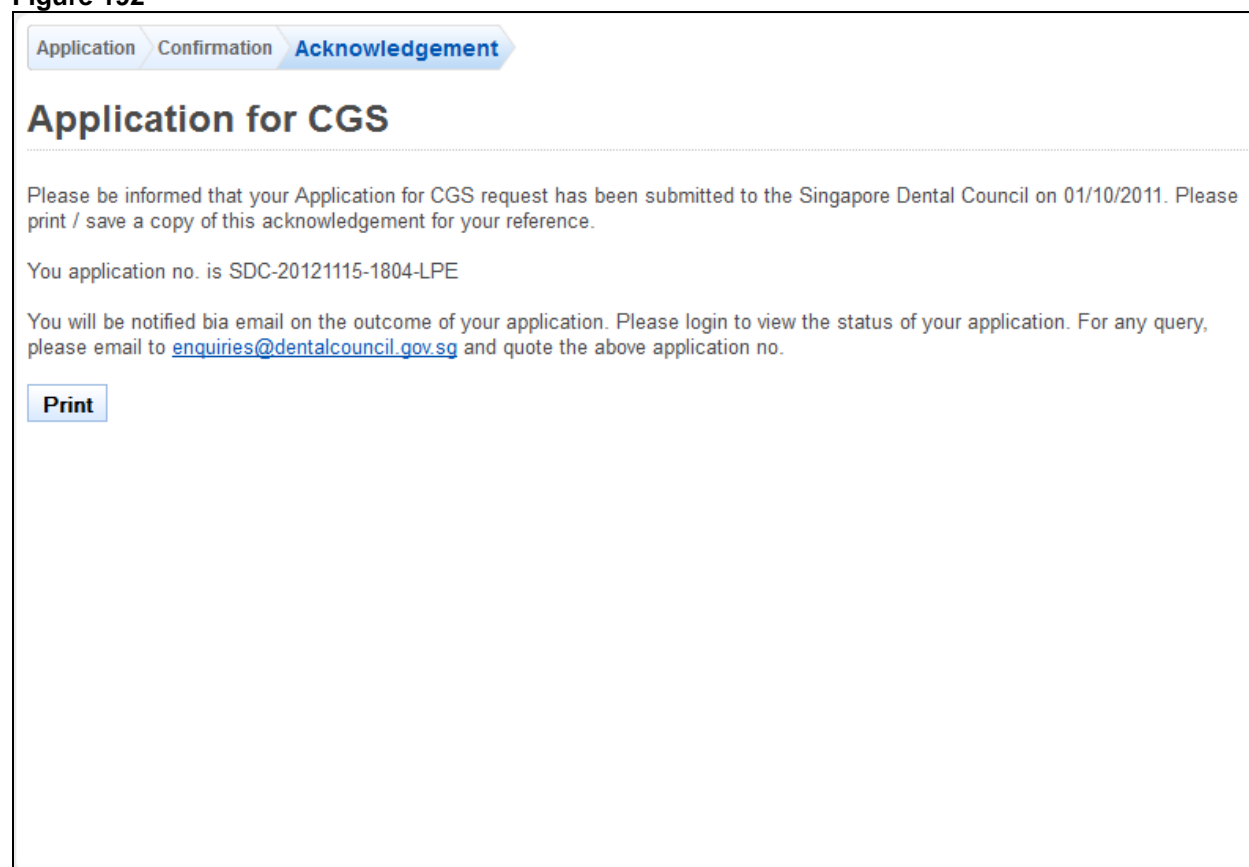
Confirm

To proceed to the next stage of the application (i.e.: Acknowledgement)

- Tip: You may click on the [\[Application\]](#) link to return to the previous page to make changes, if necessary.
- Click on the [\[Proceed\]](#) button

The Request for Lowering of CPE acknowledgement page will be displayed as follows.

Figure 192



Application Confirmation **Acknowledgement**

Application for CGS

Please be informed that your Application for CGS request has been submitted to the Singapore Dental Council on 01/10/2011. Please print / save a copy of this acknowledgement for your reference.

You application no. is SDC-20121115-1804-LPE

You will be notified via email on the outcome of your application. Please login to view the status of your application. For any query, please email to enquiries@dentalcouncil.gov.sg and quote the above application no.

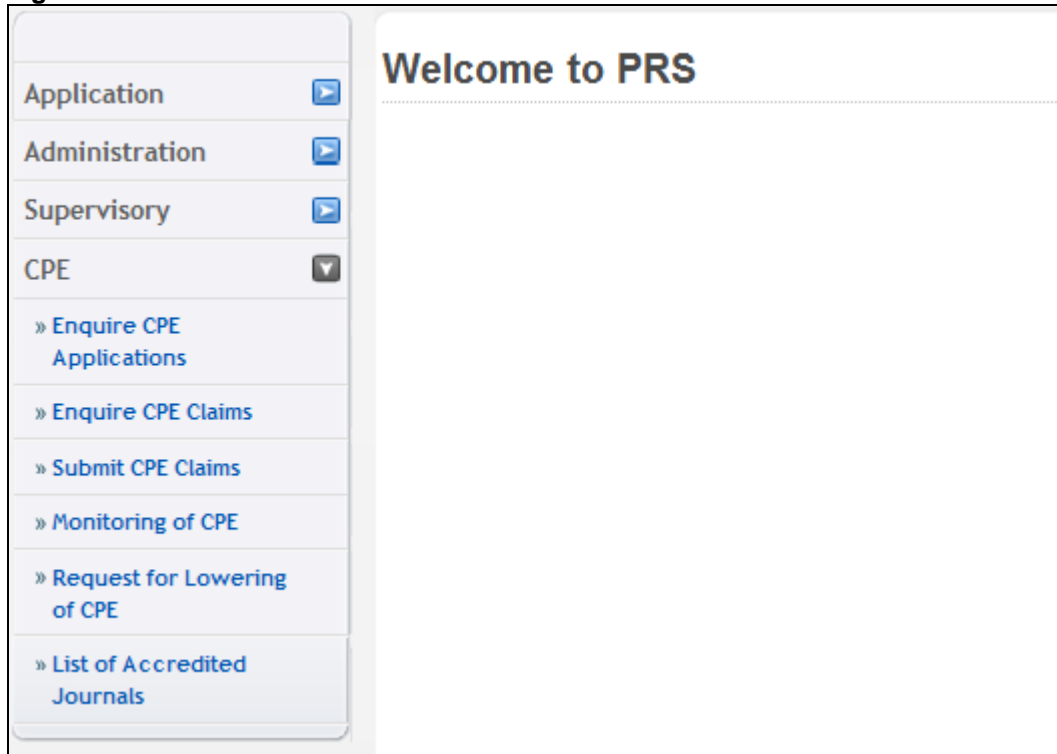
Print

To finish with the application

- (Optional): Click on the [\[email\]](#) link to email SDC for any queries
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.

2.19. Enquire Lowering of CPE Application

Figure 193



The menu on the left displays the functions you have access to. To enquire a CPE Application, click on the **[CPE]** menu item. Click on the **[Enquire CPE Applications]** link

The Enquire CPE Application page will be displayed as follows

Figure 194

Enquire Applications View Details				
Application Submitted				
Application No.	Application Type	Date of Submission	Application Status	Remarks
SDC-20121115-1804-LPE	Application for Request for Lowering of PE	15/11/2012	Application Submitted	-
Page 1 [First] [Previous] [Next] [Last]				

To view on a particular CPE Application, click on the application no.

The CPE Application will be displayed as follows

Figure 195

[Enquire Applications](#) [View Details](#)

Application for Request for Lowering of CPE

Registration No.	D11026D
Name	Jason Tan
Registered Specialty	
Appointment	- (11/11/1999)

Reason	Retired
Reason(Others)	
Start Date(dd/mm/yyyy)	11/11/2011
End Date(dd/mm/yyyy)	
Remarks	

Documents Attached

Document Title 1

[Print](#)

- Tip: You may click on the [\[Enquire Application\]](#) link to return to the previous page to make changes, if necessary.
- Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.