

SINGAPORE DENTAL COUNCIL <u>LETTER OF UNDERTAKING</u>

To: Singapore Dental Council (SDC) / Attention: Supervisory Practice Management (Ms Lim Jie Wen) Date:

o. Singapore Deniai Councii (SDC) / F	Alleniion. <u>Supervisory Fract</u>	lice Management (MS Lim	<u>Jie Weii)</u> Dale	
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IMPORTANT NOTE

- Dentist under Conditional Registration (c-reg) must be supervised by 2 approved supervisors if:
 - o The registration date started on 15 Feb 2017 or later, or
 - o There was a change of employment on 15 Feb 2017 or later
 - If registration date was before 15 Feb 2017 and there has been no change of employment / employer since, C-reg may have only 1 approved supervisor
- · C-reg dentist SHALL NOT commence clinical practice until the application for supervisors' nomination has been approved by SDC.
- Completed form is to be submitted together with the Curriculum Vitae (CV) of the proposed new supervisor(s)
- Please ensure that the proposed practice places are listed in your records in the SDC website. Otherwise, please submit an Update of Particulars application to add the missing practice places via the SDC website before submitting this form. If you are a new C-reg dentist and have different practice places on this form and your online application, please submit an Update of Particulars application after you have registered with SDC.

Section I: To be completed by			1	norda with obo.	
Name of Institution/ Clinic / Organisation:		2. Name of Clinical Director / HOD equivalen	Name of Clinical Director / HOD equivalent:		
3. Nomination Type:			Please tick one		
i. New Nomination (for new 0					
ii. Additional Supervisor, No o		nt			
iii. Additional Employment and					
iv. Change in Supervisor(s), N		ment			
v. Change in Supervisor(s) ar					
vi. Change in Supervisor(s), A					
If Nomination Type is iv, v or vi,					
4. Please provide the full name a	nd DCR No. of curre	nt supervisor(s):	5. Please provide Reason for Change:		
i)					
::)					
ii)					
	. Proposed Effective Start Date of 7. Type of Employment:		8. Signature of Clinical Director / HOD equivalent:		
Supervision by new Supervisor(s) (dd/mm/yyyy):	│ □ Full Tin │ □ Part Tir				
(dd//////yyyy).	(dd/filifi/yyyy).				
Section II: To be completed b	v Principal Super	visor			
(A) I am working in the same cli			ervisee below.		
(B) I will be the supervisor ¹ of		<u> </u>		-	
Name as in Practising Certi	Name as in Practising Certificate DCR No. Full addre		Iress of Practice Place(s)	No. of dental chair(s) at Practice Place(s)*	
		i)			
		::>			
		ii)			
*minimum no. of dental chairs n	wat ha O in andar fo	r C ros Dontist	and Companies to prosting		
minimum no. of dental chairs in	iust de 2 in order to	r C-reg Dentist	and Supervisor to practise		
(C) I have read the guideline guidelines.	s in the SDC's R	oles and Resp	consibilities for C-Reg Dentist ² and undert	ake to comply with the	
Supervisor's Name as in	DCR No.	Number of	Full address of Practice Place(s) where	Signature:	
Practising Certificate		years of Post – BDS	supervision is taking place:		
		Experience	(must be same as (i) and/or (ii) in (B) above)		
			i)		

			ii)		
(D) D have / D have not /n	lassa salect) heen	found quilty in r	l proceedings before a Disciplinary Committee in	the immediate past 5 years	
(E) I (principal supervisor) am of			nooccanigo boloro a bisolpiniary committee in	ano animodiate past o years.	
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² The Roles and Responsibilities is available on SDC website: http://www.healthprofessionals.gov.sq/sdc. Please print a hardcopy for your own reference

The roles and responsibilities is available on obo website. mtp://www.neakinprofessionals.gov.sg/sac.						
³ Supervisor – Supervisee ratio Number of C-Reg Dentists		Number of Part II OHTs				
1 supervisor to:	2	No limit but to be kept at a manageable number				

Updated as at 08 Sep 2020

¹ Eligibility Criteria for Supervisor: be a fully registered Division I dentist with at least 5 years' post-BDS experience and work in the same clinic premises as the supervisee and provide timely and direct supervision.



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Please fill in the supervisees' d	etails below:							
1.		☐ C-Reg De		4.			☐ C-Reg Dentist	
		☐ Part II OF	HI				☐ Part II OHT	
(Name as in Practising Certificate) DCR No.			(Name as in Practising Certificate)	DCR	No.		
2.		☐ C-Reg De		5.			☐ C-Reg Dentist☐ Part II OHT	
(Name as in Practising Certificate 3.) DCR No.	☐ C-Reg De	ontiat	(Name as in Practising Certificate) 6.	DCR	No.	☐ C-Reg Dentist	
3.		☐ Part II OF		0.			☐ Part II OHT	
(Name as in Drestiains Continues) DOD No			(Name as in Drastising Cartificate)	DCD	Na		
(Name as in Practising Certificate Section III: To be completed by								
(A) I am working in the same clin			pervise	ee below.				
(B) I will be the supervisor ¹ of	•							
Name as in Practising Certifi	cate DCR No.	Full add	dress				lo. of dental chair(s) t Practice Place(s)*	
		i)						
		ii)						
*minimum no. of dental chairs mu	st be 2 in order fo	or C-reg Dentist	and S	upervisor to practise				
(C) I have read the guidelines guidelines.	in the SDC's R	toles and Resp	ponsi	bilities for C-Reg Dentist ² and un	dertak	e to	comply with the	
Supervisor's Name as in	DCR No.	Number of		address of Practice Place(s) where		Sig	gnature:	
Practising Certificate		years of supervision is taking place: Post – BDS (must be same as (i) and (or (ii) in (ii)		ervision is taking place: st be same as (i) and/or (ii) in (B) above	hove)			
		Experience	i)		·)			
			'/					
			ii)					
(D) D have / D have not (ples	ese select) heen t	found quilty in p	rocee	dings before a Disciplinary Committee	a in the	imme	odiate nast 5 years	
(E) I (secondary supervisor) am				unigs before a Disciplinary Committee	o iii uic	, 11111110	diate past 5 years.	
Number of C-Reg Dentis	sto Numb	or of Bart II OU	JTo					
Number of C-Reg Definis	sts Nullib	ei oi Fait ii Oii	113 _					
Please fill in the supervisees' d	etails below:	□ C Pog Do	ontiat	4			□ C Pog Dontist	
1.		☐ C-Reg De		4.			☐ C-Reg Dentist ☐ Part II OHT	
Al	, , ,			(New York David to Configure)	DOD	. N. I.		
(Name as in Practising Certificate 2.) DCR No.	☐ C-Reg De	entist	(Name as in Practising Certificate) 5.	DCR	NO.	☐ C-Reg Dentist	
		□ Part II OF					☐ Part II OHT	
(Name as in Practising Certificate) DCR No.			(Name as in Practising Certificate)	DCR	No		
3.) Borrio.	☐ C-Reg De		6.	Bort	110.	☐ C-Reg Dentist	
		□ Part II OF	HT				☐ Part IĪ OHT	
(Name as in Practising Certificate) DCR No.			(Name as in Practising Certificate)	DCR	No.		
By signing below, I hereby certify t	hat I have read a	and understood	d all of	the guidelines and that I agree to a	all of th	iem.		
Full Name and DCR No. of C-R	eg Dentist			Signature of C-Reg Dentist			Date	

Supervisor – Supervisee ratio Number of C-Reg Dentists		Number of Part II OHTs			
1 supervisor to:	2	No limit but to be kept at a manageable number			

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