

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

To: Singapore Dental Council (SDC) / Attention: Supervisory Practice Management (Ms Lim Jie Wen)	Date:
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		NO	

- Part II Oral Health Therapist (OHT) must be supervised by 2 approved supervisors if:
 - o The registration date started on 1 March 2018 or later, or
 - o There was a change of employment on 1 March 2018 or later
 - If registration date was before 1 March 2018 and there has been no change of employment / employer since, OHT may have only 1 approved supervisor
- Part II OHT 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 OHT 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 Institution / Clinic / Organisation 1. Name of Institution/ Clinic / Organisation:		Name of Clinical Director / HOD equivalent:		
3. Nomination Type:			Please tick one	
i. New Nomination (for new Pa	art II OHT)			
ii. Additional Supervisor, No ch	0 , ,			
	iii. Additional Employment and Supervisor			
iv. Change in Supervisor(s), No change in Employment				
v. Change in Supervisor(s) and				
vi. Change in Supervisor(s), Ad				
f Nomination Type is iv, v or vi, p	•		· · · · · · · · · · · · · · · · · · ·	
Please provide the full name and	d DCR No. of current	supervisor(s):	Please provide Reason for Change:	
)				
i)]	
<u> </u>				
6. Proposed Effective Start Date of Supervision by new Supervisor(s)	7. Type of E	Employment:	8. Signature of Clinical Director / HOD equivaler	nt:
dd/mm/yyyy):	□ Part Time			
	(hc	ours/week)		
ection II: To be completed by	Principal Superv	isor		
A) I am working in the same clin	ic / organisation of t	he named supe	ervisee below.	
B) I will be the supervisor ¹ of				<u> </u>
Name as in Practising Certifi	icate DCR No.	Full addr	ess of Practice Place(s)	No. of dental chair(s) at Practice Place(s)*
		i)		411140110011400(0)
		ii)		
*minimum no. of dental chairs	must be 2 in order fo	or OHT and Sup	pervisor to practise	
O\	a the ODO!s Deles	and Dannanaih	siliking for Dort II OUT? and undertake to a con-	
Supervisor's Name as in	DCR No.	Number of	pilities for Part II OHT ² and undertake to com Full address of Practice Place(s) where	Signature:
	DOI: NO.	years of	supervision is taking place:	o ignaturo i
Practising Certificate		D . DD0		
Practising Certificate		Post - BDS	(must be same as (i) and/or (ii) in (B) above)	
Practising Certificate		Experience	, , , , , , , , , , , , , , , , , , , ,	
Practising Certificate			i) in (B) above)	
Practising Certificate			i)	
Practising Certificate			, , , , , , , , , , , , , , , , , , , ,	
	ase select) been fo	Experience	i)	e immediate past 5 years
D) I □ have / □ have not (ple	,	Experience	i) ii)	e immediate past 5 years
	,	Experience	i) ii)	e immediate past 5 years
D) I □ have / □ have not (ple	urrently supervising ³	Experience ound guilty in pro-	ii) ii) oceedings before a Disciplinary Committee in th	e immediate past 5 years

The Roles and Responsibilities is available on SDC website: http://www.healthprofessionals.gov.sg/sdc. Please print a hardcopy for your own reference.

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 07 Oct 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 provided timely and direct supervision.



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			_			
1.		☐ C-Reg Dentist	4.			C-Reg Dentist
		☐ Part II OHT			D F	Part II OHT
(Name as in Practicing Cartificate)			(Name as in Practising Certifica	e) DCR	No.	
(Name as in Practising Certificate) DCR No.		☐ C-Reg Dentist		.e) DOIN		C-Reg Dentist
2.		☐ Part II OHT	0.			Part II OHT
					-	
(Name as in Practising Certificate)	DCR No.		(Name as in Practising Certifica	ng Certificate) DCR No.		
3.		☐ C-Reg Dentist☐ Part II OHT	6.			C-Reg Dentist
					D F	Part II OHT
(Name of its Durations Continue)	DOD No		(Name of the December of the Control	-	NI -	
(Name as in Practising Certificate)	DCR No.		(Name as in Practising Certifica	e) DCR	NO.	
Section III: To be completed by S						<u> </u>
(A) I am working in the same clinic	organisation of	the named supervis	see below.			
(B) I will be the supervisor ¹ of Name as in Practising Certifica	te DCR No.	Full address	of Practice Place(s)		No of don	tal abair(a)
Name as in Practising Certifica	te DCR NO.	Full address	of Practice Place(s)		No. of dental chair(s) at Practice Place(s)*	
		i)			at i iactice	1 1400(3)
		''				
		ii)				
		")				
*minimum no. of dental chairs m	nust be 2 in order	for OHT and Supe	rvisor to practise			
(C) I have read the guidelines in t	ha SDC'a Balaa	and Baananaihili	tion for Dort II OUT? and undorte	ka ta aamu	dy with the	guidalinaa
	CR No.		Il address of Practice Place(s) who		Signatur	
Practising Certificate	CK NO.	years of supervision is taking place:			Signatur	е.
Tuesterning continuous		Post - BDS (must be same as (i) and/or (ii) in (B) above)				
			Experience i)			
		''				
		ii)			+	
		"/				
(D) have / have not (pleas	e select) heen fo	und quilty in proce	edings before a Disciplinary Comr	nittee in the	immediate	nast 5 years
(b) 1 indve 1 indve not (pieus	c scicci) been ic	dia gailty in proce	cangs before a bisopiniary com	iittee iii tiie	miniculate	past o years.
(E) I (secondary supervisor) am cu	rrently supervisir	a ³ the followina:				
Number of C-Reg Dentists	Number of Part	II OHTs				
1.		☐ C-Reg Dentist	4.			Reg Dentist
		☐ Part II OHT				Part II OHT
(Name as in Practicing Cartificate)	DCR No.		(Name as in Practicing Cortifica	e) DCR	No	
(Name as in Practising Certificate) 2.	DON NO.	☐ C-Reg Dentist	(Name as in Practising Certifica 5.	e) DCR		C-Reg Dentist
		☐ Part II OHT				Part II OHT
(Name as in Practising Certificate)	DCR No.		(Name as in Practising Certifica	e) DCR		
3.		☐ C-Reg Dentist			ΠС	Reg Dentist
		☐ Part II OHT			□ P	art II OHT
(Name of Books of Co. 17)	D05 11		AL			
(Name as in Practising Certificate)	DCR No.		(Name as in Practising Certifica	e) DCR	NO.	
By signing below, I hereby certify that I have read and understood all of the guidelines and that I agree to all of them.					em.	
Full Name and DCR No. of Part II	OHT		Signature	of Part II	OHT Dat	te
			<u></u>			

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				

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