



# SINGAPORE DENTAL COUNCIL

## LETTER OF UNDERTAKING

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

**IMPORTANT NOTE**

- Part II Oral Health Therapist (OHT) must be supervised by 2 approved supervisors if:
  - The registration date started on 1 March 2018 or later, or
  - 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:	2. Name of Clinical Director / HOD equivalent:		
<b>3. Nomination Type:</b>		<b>Please tick one</b>	
i. New Nomination (for new Part II OHT)			
ii. Additional Supervisor, No change in Employment			
iii. Additional Employment and Supervisor			
iv. Change in Supervisor(s), No change in Employment			
v. Change in Supervisor(s) and Employment			
vi. Change in Supervisor(s), Additional Employment			
<b>If Nomination Type is iv, v or vi, please complete 4 and 5. Otherwise, please proceed to 6.</b>			
4. Please provide the full name and DCR No. of current supervisor(s):	5. Please provide Reason for Change:		
i)			
ii)			
6. Proposed Effective Start Date of Supervision by new Supervisor(s) (dd/mm/yyyy):	7. Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time ( ____ hours/week)	8. Signature of Clinical Director / HOD equivalent:	
Section II: To be completed by Principal Supervisor			
(A) I am working in the same clinic / organisation of the named supervisee below.			
(B) I will be the supervisor <sup>1</sup> of			
Name as in Practising Certificate	DCR No.	Full address of Practice Place(s)	No. of dental chair(s) at Practice Place(s)*
		i)	
		ii)	
*minimum no. of dental chairs must be 2 in order for OHT and Supervisor to practise			
(C) I have read the guidelines in the SDC's Roles and Responsibilities for Part II OHT <sup>2</sup> and undertake to comply with the guidelines.			
Supervisor's Name as in Practising Certificate	DCR No.	Number of years of Post – BDS Experience	Full address of Practice Place(s) where supervision is taking place: (must be same as (i) and/or (ii) in (B) above)
			Signature:
			i)
			ii)
(D) I <input type="checkbox"/> have / <input type="checkbox"/> have not (please select) been found guilty in proceedings before a Disciplinary Committee in the immediate past 5 years.			
(E) I (principal supervisor) am currently supervising <sup>3</sup> the following:			
Number of C-Reg Dentists _____ Number of Part II OHTs _____			

<sup>1</sup> 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.  
<sup>2</sup> 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



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1. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	4. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT
2. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	5. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT
3. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	6. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT

**Section III: To be completed by Secondary Supervisor**

- (A) I am working in the same clinic / organisation of the named supervisee below.  
 (B) I will be the supervisor<sup>1</sup> of

Name as in Practising Certificate	DCR No.	Full address of Practice Place(s)	No. of dental chair(s) at Practice Place(s)*
		i)	
		ii)	

\*minimum no. of dental chairs must be 2 in order for OHT and Supervisor to practise

- (C) I have read the guidelines in the SDC's Roles and Responsibilities for Part II OHT<sup>2</sup> and undertake to comply with the guidelines.

Supervisor's Name as in Practising Certificate	DCR No.	Number of years of Post – BDS Experience	Full address of Practice Place(s) where supervision is taking place: <small>(must be same as (i) and/or (ii) in (B) above)</small>	Signature:
			i)	
			ii)	

- (D) I  have /  have not (please select) been found guilty in proceedings before a Disciplinary Committee in the immediate past 5 years.

- (E) I (secondary supervisor) am currently supervising<sup>3</sup> the following:

Number of C-Reg Dentists \_\_\_\_\_ Number of Part II OHTs \_\_\_\_\_

1. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	4. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT
2. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	5. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT
3. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	6. <small>(Name as in Practising Certificate)</small>	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT

By signing below, I hereby certify that I have read and understood all of the guidelines and that I agree to all of them.

Full Name and DCR No. of Part II OHT	Signature of Part II OHT	Date

<sup>1</sup> 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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