



SINGAPORE DENTAL COUNCIL SUPERVISOR NOMINATION FORM

To: Singapore Dental Council (SDC) / Attention: _____ Date: _____

IMPORTANT NOTE

- Dentist under Conditional Registration must be supervised by 2 approved supervisors if:
 - The registration date starts on 15 Feb 2017 or later, or
 - There is a change of employment on 15 Feb 2017 or later
- Conditional Registered Dentist shall not commence clinical practice until the application for supervisors' nomination has been approved by SDC.

Section I: To be completed by Institution / Clinic / Organisation					
Name of Institution/ Clinic / Organisation:					
Name of Clinical Director / HOD equivalent:					
Proposed Effective Start Date of Supervision (dd/mm/yyyy):					
Nomination Type (Please tick 1 box only)					
New Nomination	Additional Supervisor, No change in Employment	Additional Employment and Supervisor	Change in Supervisor, No change in Employment	Change in Supervisor and Employment	Change in Supervisor, Additional Employment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Please provide the full name and DCR No. of previous supervisor(s):		
			1.		
			2.		
Signature of Clinical Director / HOD equivalent:		Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (____ hours/week)		Please also provide Reason for Change:	
Section II: To be completed by Principal Supervisor (Please submit Curriculum Vitae (CV) together with the nomination form)					
(A) I am working in the same clinic / organisation of the named supervisee below.					
(B) I will be the supervisor ¹ of					
(Name as in Practising Certificate)		DCR No.		Practice Place	
*minimum no. of dental chairs must be 2 in order for C-reg Dentist and Supervisor to practise, please explain if otherwise.					
(C) I have read the guidelines in the SDC's Roles and Responsibilities for C-Reg Dentist ² and undertake to comply with the guidelines.					
(Supervisor's Name as in Practising Certificate)		DCR No.		Signature:	
		Number of years of Post – BDS Experience		Practice Place	
(D) I have / 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 ³ the following:					
Number of C-Reg Dentists _____ Number of Part II OHTs _____					

¹ Eligibility Criteria for Supervisor

A Supervisor must:
 1. be a fully registered Division I dentist; and
 2. have at least 5 years' post-BDS experience; and
 3. work in the same clinic premises as the supervisee and provide timely and direct supervision.

² The Roles and Responsibilities is available on SDC website: <http://www.healthprofessionals.gov.sg/sdc>. Please print a hardcopy for your own reference.

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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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 (Please submit Curriculum Vitae (CV) together with the nomination form)

(A) I am working in the same clinic / organisation of the named supervisee below.
 (B) I will be the supervisor¹ of

<small>(Name as in Practising Certificate)</small>	DCR No.	Practice Place	No. of dental chair(s) at Practice Place*
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*minimum no. of dental chairs must be 2 in order for C-reg Dentist and Supervisor to practise, please explain if otherwise.

(C) **I have read the guidelines in the SDC's Roles and Responsibilities for C-Reg Dentist² and undertake to comply with the guidelines.**

<small>(Supervisor's Name as in Practising Certificate)</small>	DCR No.	Number of years of Post – BDS Experience	Practice Place	Signature:
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(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 supervising³ 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 C-Reg Dentist: _____

Signature of C-Reg Dentist: _____

¹ Eligibility Criteria for Supervisor

A Supervisor must: 1. be a fully registered Division I dentist; and 2. have at least 5 years' post-BDS experience; and 3. work in the same clinic premises as the supervisee and provide timely and direct supervision.
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