

SINGAPORE DENTAL COUNCIL **SUPERVISOR NOMINATION FORM**

To: Sin	gapore Den	ntal Council (SE	C) / Attentio	n:			Date:		
IMPO	RTANT NOTI	E							
_	_	= ealth Therapist (Ol	HT) must be sup	pervised by	2 approved su	upervisor	s if:		
		registration date st e is a change of e							
		•				sors' non	nination has been app	proved by SDC	
		pleted by Institu				3013 11011	mination has been app	oroved by ODO.	
		Clinic / Organisation							
Name	of Clinical Dire	ctor / HOD equivale	ent:						
Propos	sed Effective S	tart Date of Superv	ision (dd/mm/yy	уу):					
			Nom	ination Type	e (Please tick 1	box only)			
New	Nomination	Additional Supervisor, No	Additional Employment and Supervisor		Change in Supervisor, No		Change in Supervisor and	Change in Supervisor, Additional Employment	
		change in	and Cape	1 41301	change	in	Employment	Additional Employment	
		Employment			Employm	nent			
	_				Please provide the full name and DCR No. of			_	
					1.	, and rail in	arrio arra Bortino. or pri	sviduo dupoi vidoi (d).	
					2.				
Signat	ure of Clinica	I Director / HOD	Type of Emplo	vmont.	Diago also pr	ovido Poo	son for Change:		
equiva		ii Director / HOD	☐ Full Time	yment.	Flease also pro	ovide Rea	son for Change.		
			☐ Part Time						
				s/week)					
_		npleted by Princi in the same clinic /	•	•			e (CV) together with	the nomination form)	
(A) (B)	I will be the si		organisation or t	ne nameu s	supervisee belov	Ν.			
								No. of dental chair(s)	
		Practising Certificate		DCR No.	Practice F		1	at Practice Place* `	
	*minimum no	. of dental chairs mi	ust be 2 in order	for OH1 an	d Supervisor to	practise,	please explain if other	WISE.	
(C)		the guidelines in	the SDC's Rol	es and Re	sponsibilities	for Part	II OHT ² and underta	ke to comply with the	
	guidelines.								
	(Supervisor's Practising Ce	s Name as in	DCR No.	Number o	of years of OS Experience	Practice	Place	Signature:	
	i ractioning Of	oato/	201110.	1 . 550 DE	ENPOSIONIO			e.gridiai o.	
(D)	I have /	have not (please	select) been fou	nd quilty in	proceedings be	fore a Dis	ciplinary Committee in	the immediate past 5 years	
(E)		pervisor) am curren				1010 4 1010	opinary committee in	the infinediate past o years	
	Number of C-	Reg Dentists	Number of Pa	art II OHTs					
			_ 114111201 011 0						

 $^{^2\, \}text{The Roles and Responsibilities is available on SDC website: } \underline{\text{http://www.healthprofessionals.gov.sg/sdc}}. \,\, \text{Please print a hardcopy for your own reference.}$

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

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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1.			☐ C-Reg Dentist ☐ Part II OHT	4.			☐ C-Reg Dentist ☐ Part II OHT
(Nan	ne as in Practising Certificate)	DCR No.		(Name as	in Practising Certificate)	DCR No.	
2.	to do in ridonomy comments,	20	☐ C-Reg Dentist		rasasing serameate	20111101	☐ C-Reg Dentist
			☐ Part II OHT				☐ Part II OHT
(Nan	ne as in Practising Certificate)	DCR No.	☐ C-Reg Dentist		in Practising Certificate)	DCR No.	☐ C-Reg Dentist
J.			☐ Part II OHT	0.			☐ Part II OHT
(Nan	ne as in Practising Certificate)	DCR No.		(Name as	in Practising Certificate)	DCR No.	
_	on III: To be completed by Second		•	ıbmit Curri	iculum Vitae (CV) toget	her with the	nomination form)
(A) (B)	I am working in the same clinic I will be the supervisor ¹ of	/ organisatior	of the named supe	ervisee belov	W.		
	Will be the expertiser of						
	(Name as in Practising Certific	nata)	DCR No.	Practice	Dlace		of dental chair(s) Practice Place*
	*minimum no. of dental chairs n	nust be 2 in o					ractice Flace
(C)	I have read the guidelines in t	he SDC's Ro	oles and Responsi	bilities for l	Part II OHT ² and underta	ke to comply	with the
	guidelines.						
	(Supervisor's Name as in Practising Certificate)	DCR No					
	Tradising Certificate)		Post – BDS E	xperience	Practice Place	Signa	ture:
(D)	I have / have not (please	coloct) boon	found quilty in proo	aadinga haf	ore a Disciplinary Commit	taa in tha imn	andiata part E vagra
(D) (E)	I (secondary supervisor) am cur			eedings bei	ore a Disciplinary Commit		nediate past 5 years.
	Number of C-Reg Dentists	Number o	of Part II OHTs				
1.			☐ C-Reg Dentist	4.			☐ C-Reg Dentist
			☐ Part II OHT	7.			☐ Part II OHT
(Nan	ne as in Practising Certificate)	DCR No.		(Name as	in Practising Certificate)	DCR No.	
2.			☐ C-Reg Dentist ☐ Part II OHT	5.			☐ C-Reg Dentist ☐ Part II OHT
			PaitiI OHI				Pait II OHI
(Nan	ne as in Practising Certificate)	DCR No.	☐ C-Reg Dentist	(Name as 6.	in Practising Certificate)	DCR No.	☐ C-Reg Dentist
0.			☐ Part II OHT	0.			□ Part II OHT
(Nan	ne as in Practising Certificate)	DCR No.		(Name as	in Practising Certificate)	DCR No.	
		-4		11 - 6 41-			II - £ 41
by sigi	ning below, I hereby certify the	at i nave re	ad and undersion	od ali oi tri	e guidelines and that i	agree to a	ii oi tnem.
Full N	ame and DCR No. of Part II	OHT:					
0	tons of Boot II CUT						
Signa	ture of Part II OHT:						
¹ Eligibilit	y Criteria for Supervisor						
	rvisor must: fully registered Division I dentist; and						
have	at least 5 years' post-BDS experience; ar		timely and direct supe	rvision			

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