



# SINGAPORE DENTAL COUNCIL SUPERVISOR NOMINATION FORM

To: Singapore Dental Council (SDC) / Attention: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE**

- Part II Oral Health Therapist (OHT) must be supervised by 2 approved supervisors if:
  - The registration date starts on 1 March 2018 or later, or
  - There is a change of employment on 1 March 2018 or later
- OHT 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<sup>1</sup> of

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

\*minimum no. of dental chairs must be 2 in order for OHT and Supervisor to practise, please explain if otherwise.

(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	Practice Place	Signature:

(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<sup>3</sup> the following:

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

<sup>1</sup> Eligibility Criteria for Supervisor

A Supervisor must: <ol style="list-style-type: none"> <li>1. be a fully registered Division I dentist; and</li> <li>2. have at least 5 years' post-BDS experience; and</li> <li>3. work in the same clinic premises as the supervisee and provide timely and direct supervision.</li> </ol>
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<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



# SINGAPORE DENTAL COUNCIL SUPERVISOR NOMINATION FORM

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 supervisor<sup>1</sup> 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 OHT and Supervisor to practise, please explain if otherwise.

(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.**

<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 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:** \_\_\_\_\_

<sup>1</sup> 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.

<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.

<sup>3</sup> 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