



# SINGAPORE DENTAL COUNCIL

## LETTER OF UNDERTAKING

To send completed form to Singapore Dental Council (SDC) at [SDC@spb.gov.sg](mailto:SDC@spb.gov.sg) (Supervised Practice Division).

### IMPORTANT NOTE

- Dentist under Conditional Registration (c-reg) must be supervised by 2 approved supervisors if:
  - The registration date started on 15 Feb 2017 or later, or
  - There was a change of employment on 15 Feb 2017 or later
  - If registration date was before 15 Feb 2017 and there has been no change of employment / employer since, C-reg may have only 1 approved supervisor
- C-reg dentist SHALL NOT commence clinical practice until the application for supervisors' nomination has been approved by SDC.
- C-reg dentist may apply for conversion to Full registration after he/she has accrued at least 2 years of full-time practice (more than 30 hours of clinical duties per week) under the supervision of approved supervisors.
- 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. If you are a new C-reg dentist 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. i. Name of Clinical Director / HOD equivalent:		
	2. ii. Email of Clinical Director / HOD:		
<b>3. Nomination Type:</b>	<b>Please tick one</b>		
i. New Nomination (for new C-reg dentist)			
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 of supervisee	Supervisee DCR No.	I will supervise the supervisee at the following Practice Place(s): (input full address of clinics)	No. of dental chair(s) at Practice Place(s)*
*minimum no. of dental chairs must be 2 in order for C-reg Dentist and Supervisor to practise			
(C) I have read the guidelines in the SDC's Roles and Responsibilities for C-reg Dentist <sup>2</sup> and undertake to comply with the guidelines.			
Name of supervisor	DCR No.	Number of years of Post – BDS Experience	Number of years of supervision experience of C-reg dentists or Part II OHTs
			Signature of Principal Supervisor:
(D) I <input type="checkbox"/> have / <input type="checkbox"/> have not (please select) breached the roles and responsibilities as supervisor for C-reg dentist / Part II OHT 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>.

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. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	4. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT
2. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	5. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT
3. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	6. (Name as in Practising Certificate)	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 of supervisee	Supervisee DCR No.	I will supervise the supervisee at the following Practice Place(s): (input full address of clinics)	No. of dental chair(s) at Practice Place(s)*

\*minimum no. of dental chairs must be 2 in order for C-reg Dentist and Supervisor to practise

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

Name of supervisor	DCR No.	Number of years of Post – BDS Experience	Number of years of supervision experience of C-reg dentists or Part II OHTs	Signature of Secondary Supervisor:

(D) I  have /  have not (please select) breached the roles and responsibilities as supervisor for C-reg / Part II OHT 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. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	4. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT
2. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	5. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT
3. (Name as in Practising Certificate)	DCR No.	<input type="checkbox"/> C-Reg Dentist <input type="checkbox"/> Part II OHT	6. (Name as in Practising Certificate)	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	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.

<sup>2</sup> The Roles and Responsibilities is available on SDC website: <http://www.healthprofessionals.gov.sg/sdc>.

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