

SINGAPORE DENTAL COUNCIL LETTER OF UNDERTAKING

To send completed form to Singapore Dental Council (SDC) at SDC@spb.gov.sq (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.

1. Name of Institution' Clinic / Organisation: 2. ii. Name of Clinical Director / HOD equivalent: 2. ii. Email of Clinical Director / HOD equivalent: 2. ii. Email of Clinical Director / HOD equivalent: 2. ii. Email of Clinical Director / HOD equivalent: 2. ii. Additional Employment and Supervisor 3. Nomination Type: 3. Nomination Type: 4. Change in Supervisor(s), No change in Employment 5. Change in Supervisor(s), Additional Employment 6. Change in Supervisor(s), Additional Employment 7. Change in Supervisor(s), Additional Employment 8. Please provide the full name and DCR No. of current supervisor(s): 9. Please provide Reason for Change: 9. Please provi	Section I: To be completed by Instit	ution / Clinic / C	Organisation)				
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The Roles and Responsibilities is available on SDC website: http://www.healthprofessionals.gov.sg/sdc.

3 Supervisor – Supervisee	ratio Number of C-Reg Denti:	sts Number of Part II OHTs
1 supervisor to:	2	No limit but to be kept at a manageable number

Updated as at Sep 2021

¹ 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.



SINGAPORE DENTAL COUNCIL **LETTER OF UNDERTAKING**

1.	1		-Reg Dentist	4.					☐ C-Reg Dentis
			art II OHT						☐ Part II OHT
(Name as in Practising Certificate)	DCR No.		Dog Dontist		as in Practis	ing Certificate)	DCR	No.	C Dog Dogtio
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(Name as in Practising Certificate)	DCR No.				as in Practis	ing Certificate)	DCR	No.	
3.			-Reg Dentist	6.					☐ C-Reg Dentis
			art II OHT						☐ Part II OHT
(Name as in Practising Certificate)	DCR No.			(Name	as in Practis	ing Certificate)	DCR	No.	
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E) I (secondary supervisor) am curre	ntly supervisir	na ³ the	following:						
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Supervisor - Supervisee ratio	Number of C-Reg Dentists	Number of Part II OHTs
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