

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

- Part II Oral Health Therapist (OHT) must be supervised by 2 approved supervisors if:
 - The registration date started on 1 March 2018 or later, or
 - There was a change of employment on 1 March 2018 or later
 - If registration date was before 1 March 2018 and there has been no change of employment / employer since, OHT may have only 1 approved supervisor
- Part II OHT SHALL NOT commence clinical practice until the application for supervisors' nomination has been approved by SDC.
- Part II OHT may apply for conversion to Part I OHT after he/she has accrued at least 5 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 OHT 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							
Name of Institution/ Clinic / Organisati			2. i. Name of Clinical Director / HOD equivalent:				
			2. ii. Email	of Clinical Director / HOD:			
3. Nomination Type:	3 Nomination Type:			Please tick one			
i. New Nomination (for new Part II OF	T)			1 10000 1101 1101			
	dditional Supervisor, No change in Employment						
	Additional Employment and Supervisor						
. , , ,	3 1 (-), 3- 1						
v. Change in Supervisor(s) and Emplo							
vi. Change in Supervisor(s), Additional							
If Nomination Type is iv, v or vi, please	-						
4. Please provide the full name and DCR	No. of current supe	rvisor(s):	5. Please	provide Reason for Change:			
i)							
ii)							
6. Proposed Effective Start Date of	7. Type of Emplo	yment:	8. Signatu	re of Clinical Director / HOD equivale	ent:		
Supervision by new Supervisor(s)	☐ Full Time			·			
(dd/mm/yyyy):	☐ Part Time (hours/w	(ook)					
Continuity To be completed by Drive	·	reek)					
Section II: To be completed by Princi (A) I am working in the same clinic / org		amed sune	rvisee helov	M.			
(B) I will be the supervisor ¹ of		arrica sapei	VISCO DOIOV	v.			
Name of supervisee	Supervisee			supervisee at the following	No. of dental chair(s)		
	DCR No.	Practice	Place(s):	(input full address of clinics)	at Practice Place(s)*		
*minimum no. of dental chairs must be	2 in order for OH	T and Sup	ervisor to p	ractise			
(C) I have read the avaidalines in the C	DC's Balas and I) Jaananaih	ilitiaa fau D	lout II OUT? and undertake to see	università the avridelinee		
(C) I have read the guidelines in the S	DC S RoleS aliu r	responsib	illues for F	art ii On i - and undertake to cor	npry with the guidennes.		
			of years of	Number of years of	Signature of Principal		
Name of supervisor	DCR No.	Post – BD Experience		supervision experience of C- reg dentists or Part II OHTs	Supervisor:		
		LAPCTICIT	<u> </u>	reg dentists of Fart if Office			
					. / 5 !! 0 ! 15		
(D) I ☐ have / ☐ have not (please se immediate past 5 years.	lect) breached the	e roles and	responsibil	ities as supervisor for C-reg dentis	t / Part II OHT in the		
(E) I (principal supervisor) am currently supervising ³ the following:							
Number of C-Reg Dentists	Number of Part II OHTs						

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

3 Supervisor – Superv	isee ratio	Number of C-Reg Dentists	Number of Part II OHTs	3	
1 supervisor to:		2	No limit but to be kept a	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.



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1.		ПС	-Reg Dentist	4					☐ C-Reg Dentist
1.			art II OHT	7.					☐ Part II OHT
			u						
(Name as in Practising Certificate)	DCR No.				as in Practis	ing Certificate)	DCR N	lo.	
2.			-Reg Dentist	5.					☐ C-Reg Dentis
		□P	art II OHT						☐ Part II OHT
(Name as in Practising Certificate)	DCR No.			(Name	as in Practic	ing Certificate)	DCR N	lo.	
3.	DON NO.	ПС	-Reg Dentist		as III I Iacus	ing Certificate)	DONIN	NO.	☐ C-Reg Dentist
			art II OHT	0.					□ Part II OHT
(Name as in Practising Certificate)	DCR No.			(Name	as in Practis	ing Certificate)	DCR N	Ю.	
ection III: To be completed by Sec									
(A) I am working in the same clinic / or	ganisation of	the na	med supervis	ee belov	N.				
(B) I will be the supervisor¹ of Name of supervisee	Supervise		Lwill cuper	vice the	suporvisos s	t the following	1 1	No of	dental chair(s)
Name of supervisee	DCR No.	e				ldress of clinics			ctice Place(s)*
					(,		
*minimum no. of dental chairs mus	t be 2 in order	for O	HT and Supe	rvisor to	practise		I		
			-						
(C) I have read the guidelines in the	SDC's Roles	and F	Responsibilit	ies for	Part II OHT ² a	and undertake t	o compl	ly witl	h the guidelines.
		1			I				
			Number of ye	ears of	Number of			gnatu	
Name of supervisor	DCR No.		Post – BDS Experience			experience of Correct of Correct of Correct of Correct Office Office of Correct Office of Correct Office		econd upervi	
			Experience		reg dentists	or Fait II On 15	3(uperv	1501.
(D) Ⅰ □ have / □ have not (please s	select) breach	ed the	roles and res	sponsibi	lities as super	visor for C-reg /	Part II O	HT in	the immediate
past 5 years.	-			•	•	· ·			
(E) I (secondary supervisor) am curre	ntly supervisir	ng ³ the	following:						
Number of C. Dear Dentists No.	und as of Dost								
Number of C-Reg Dentists No	umber of Part	пОпі	s						
1.		ПС-	Reg Dentist	4.					☐ C-Reg Dentis
•			art II OHT						☐ Part II OHT
(Name as in Practising Certificate)	DCR No.			_	as in Practis	ing Certificate)	DCR N	lo.	
2.			Reg Dentist	5.					☐ C-Reg Dentis
			art II OHT						☐ Part II OHT
(Name as in Practising Certificate)	DCR No.			(Name	as in Practis	ing Certificate)	DCR N	lo.	
3.	20.1110.	□ C-	Reg Dentist	6.	III I IUUIIO	g co.tinoato)	20.01		☐ C-Reg Dentis
			art II OHT						□ Part II OHT
(Name as in Practising Certificate)	DCR No.			(Name	as in Practis	ing Certificate)	DCR N	lo.	
			, , , , ,						
signing below, I hereby certify that I	have read an	d und	erstood all o	t the gu	idelines and	that I agree to a	all of the	m.	
ull Name and DCR No. of Part II O	HT					Signature of	Part II C	ТНС	Date
						_			

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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