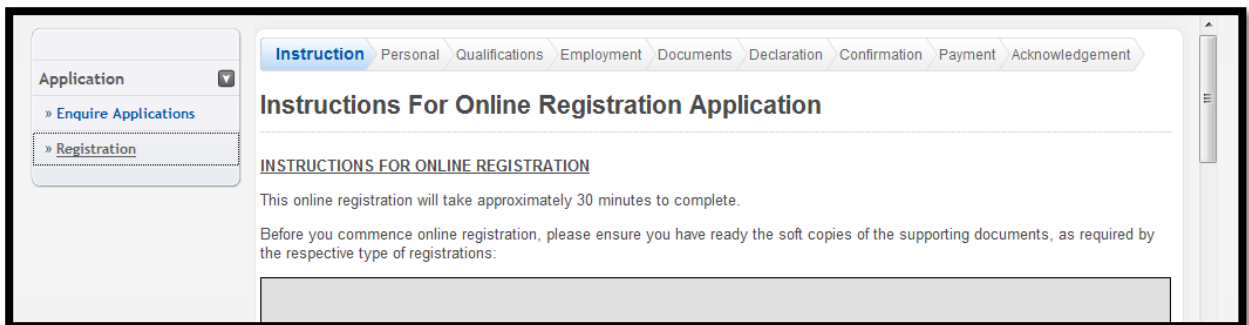


Before making the application, kindly ensure the following:

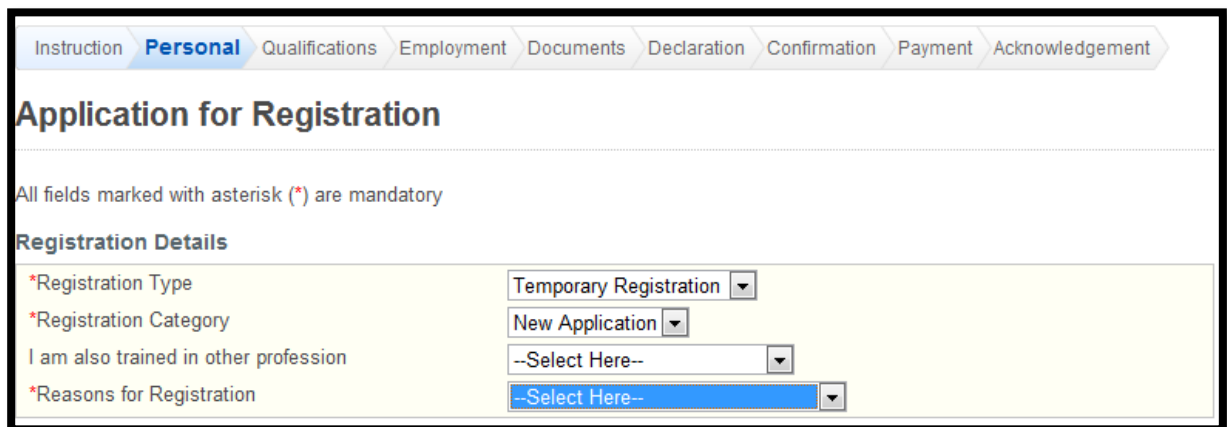
- a) Browsers : Internet Explorer and Mozilla Firefox ONLY
- b) Enable Pop Up Blockers

Instructions for Online Submission of Full Registration Application (NUS graduates)

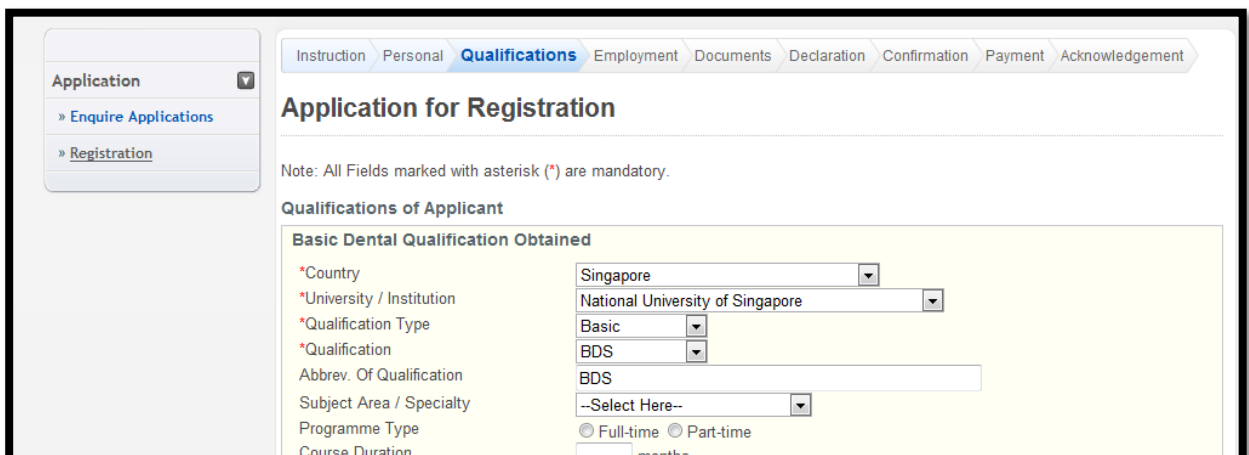
1. Log into the system with the ID and password issued to you. (Link: <https://prs.moh.gov.sg/prs/internet/common/internet.action?hpe=SDC>) Click on Registration to open the application form. Read through the checklist and click “Proceed”.



2. Enter your information at the Personal tab, once completed click “Proceed”.
Select Temporary Registration, New Application. Select Reasons for Registration.



3. Enter your qualifications, click “Proceed”.
(Note: Please enter your clinical experience in the qualification tab as it is mandatory).





- 4. Enter your employment information. Refer to screenshot below for reference on what to enter for employment tab). Click "Proceed" to continue.

Current (Singapore) Employment Details	
*Activity Status	Residing in Singapore, but not working
If Not Working, state reason	Others
If others, please specify Awaiting SDC registration	
Proposed (Singapore) Employment Details	
Activity Status	Working Full-time in Singapore
Appointment	Dental Officer
Name of Institution / Organisation	MOH Holdings Pte Ltd, 1, Maritime Square, #11-25 1, Maritime Square #11-25 HarbourFront Centre Singapore 099253
Nature of Work	--Select Here--
Department / Division	
Date Joined	01/07/2014
Date Left	dd/mm/yyyy

Principal Place of Practice	
*Appointment	Dental Officer
*Name of Institution / Organisation	MOH Holdings Pte Ltd, 1, Maritime Square, #11-25 1, Maritime Square #11-25 HarbourFront Centre Singapore 099253
Nature of Work	--Select Here--
Department / Division	
Date Joined	01/07/2014
Date Left	dd/mm/yyyy

- Upload documents to the application. Documents must be within 1MB, either in Jpeg or PDF format. For recent color photograph, the document must be sized to 400 x 514 pixels. Click "Proceed" to continue.

Please refer to Appendix A for upload of documentations required by SDC.

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB
- For Photograph, the dimensions must be 400 by 514 pixels

Mandatory Documents

Document Title	Authorisation for Release of Information Forms A and B
*Upload Document	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	Letter of Employment/New Contract
*Upload Document	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	NRIC or Passport & Employment Pass
*Upload Document	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	Recent Color Photograph against White Background
*Upload Document	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>

- Answer the questions in the declaration page and click on "Proceed".

Application for Registration

Note: All fields are mandatory.

Declarations by Applicant

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details in a separate document and upload supporting documents at the "Documents" tab, where applicable.

- Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a dental practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as a dental practitioner without any restriction?
 No Yes
- Have you ever suffered from Hepatitis B or other infectious diseases?
 No Yes
- Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
 No Yes

- Click to confirm the application and make payment online (Credit and Debit cards or Internet Banking).

Application for Registration

Registration Details

Registration Type	Full Registration
Registration Category	New Application
I am also trained in other profession	-

Particulars Of Applicant

Identification Type	NRIC
Identification No.	S1520983F

- Upon completing payment, the application will be completed. An email will be sent to your email.

Appendix A

Before you commence online registration, please ensure you have ready the soft copies of the supporting documents, as required by the respective type of registrations:

	DOCUMENTS TO BE SUBMITTED (must be translated into <u>English</u> if the original is in a Foreign language)	TEMPORARY REGISTRATION	
		3 years or more	Visiting Clinicians
(a)	Copy of the basic dental qualification (and additional qualifications, if any)	√	√
(b)	Copy of letter from issuing authorities on all undergraduate and postgraduate qualifications (if certificate of dental qualifications are not available at time of application).	√	
(c)	Copy of Certificate of Registration or current practising licence from the Dental Council/ Licensing Authority in the last country of practice.	√	√
(d)	Copy of letter of offer of employment from prospective employer in Singapore.	√	√
(e)	Original certificate of good standing from the licensing authority in the last country of practice (with validity period of 6 months or less).	√	√
(f)	Curriculum vitae (including postgraduate experience and testimonials on postgraduate experience or names and addresses of referees).		√
(g)	Two letters of character reference from two referees who should be members of the teaching staff of Faculty of Dentistry in the University, College or institution where the applicant has received his training in dentistry or any two references from medical/dental professionals.	√	√
(h)	Copy of certificate or letter of fitness to practice dentistry from a local Medical Practitioner.	√	√
(i)	Copy of Certificate/letter to include information on current Hepatitis B* Immunisation status. (<i>*not applicable for locally trained applicants</i>) <i>Note: Hep B carriers will not be allowed to register in Singapore.</i>	√	√
(j)	One passport-size photograph (Size of photograph is 400 X 514 pixels).	√	√
(k)	Original letter of undertaking from sponsor/employer stating purpose of application and period of registration required		
(l)	Original letter of undertaking from	√	√



	sponsor/employer stating purpose of application and period of registration required		
(m)	Copy of identity card/passport.	√	√
(n)	Foreign applications are required to submit a copy of their State/Regional Board Certificate as part of registration requirements. Applicant must pass the relevant State/Regional Board licensing examination in the country which they attained their basic dental degree.	√	√
(o)	Foreign-trained applicants are required to completed Annex A and Annex B to facilitate source verification to be conducted with relevant authorities	√	√