



SINGAPORE DENTAL COUNCIL

Return from 'Did Not Apply License'

Name _____ **DCR Number** _____

Email _____ **Contact Number** _____

Applying for Practising Certificate? Yes / No *

If yes, indicate the effective date for Practising Certificate to be activated _____

Address _____

Postal Code _____ Country _____

*Delete where appropriate

By signing and submitting this application to Singapore Dental Council, I declare that all above information given is true and accurate. I would like to return from 'Did Not Apply License' register.

Signature

Date



SINGAPORE DENTAL COUNCIL

16 College Road, #01-01 College of Medicine Building
Singapore 169854

E-mail: SDC@spb.gov.sg

Fax: 6253 3185

Unique Entity Number (UEN): T08GB0050C

Declaration by Applicant

1	Have you ever been or are you currently the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere?	Yes / No*
2	Have you been involved in an allegation of professional misconduct or any improper conduct which brings disrepute to the dental profession?	Yes / No*
3	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?	Yes / No*
4	Have you ever suffered from Hepatitis B or other infectious diseases?	Yes / No*
5	Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?	Yes / No*
6	Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?	Yes / No*
7	Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?	Yes / No*
I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.		<input type="checkbox"/>
I hereby also acknowledge that the Singapore Dental Council reserves the right to verify the information submitted on my application form with the academic bodies or the regulatory bodies of my last place of practice as listed by me. The outcome of my application may be disclosed to my prospective or current employer in Singapore.		<input type="checkbox"/>
I acknowledge that the Singapore Dental Council reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Dental Council. I also understand and give my consent for the Singapore Dental Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.		<input type="checkbox"/>
I also authorise Singapore Dental Council to release the data provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.		<input type="checkbox"/>

***Delete where appropriate**

If you have answered "yes" to any of questions 1 to 6, please provide further details in a separate document.

I declare that the particulars stated in this application and the documents attached are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact.

Name & DCR No. of Dentist : _____ (**D** _____)

Date : _____

Signature : _____