



SINGAPORE DENTAL COUNCIL

c/o Secretariat of healthcare Professional Boards (SPB)

81 Kim Keat Road #10-00 Singapore 328836

Email: SDC@spb.gov.sg

Website: <https://www.sdc.gov.sg>

APPLICATION FOR ORAL HEALTH THERAPIST ADDITIONAL QUALIFICATIONS

(Please complete one application form for each qualification applied for)

Name of OHT: _____ DCR No.: _____

Qualification: _____

Abbreviation: _____ Year of Conferment: _____

Awarding Institution: _____

Signature of applicant: _____ Date: _____

Please note the following:

- Please provide information about the awarding institution and its recognition by local authorities, course syllabus and structure and format of assessment.

For Official Use only

Application No.: OHTAQ - _____ Date of Approval / Rejection: _____

Remarks: _____

