

**DENTAL COUNCIL OF TRINIDAD & TOBAGO**

**THE PROFESSIONAL CENTRE  
#11-13 Fitzblackman Drive  
Wrightson Road Extension  
Woodbrook  
Trinidad and Tobago**

Form D.R. 1

**IMPORTANT NOTICE**

**FIRST REGISTRATION**

1. Applicants for registration will be required to appear in person before the Dental Council and to produce the documents as follows:
  - (a) Passport or evidence of identification and nationality.
  - (b) Original Diploma(s) in Dentistry
  - (c) Where applicable, a certificate from the appropriate governing body in the last country in which he/she has practised indicating that he is in good professional standing.
  
2. It is an offence under the Dental Profession Act, 1980. Punishable on conviction by a fine of up to \$5,000 (five thousand dollars) or to imprisonment for one year or to both such fine and imprisonment for a person other than a registered medical practitioner to practice or hold himself out whether directly or by implication, as practising or being prepared to practise dentistry in Trinidad and Tobago unless his name appears in the Register of Dentists kept by the Council.
  
3. On being registered the applicant will be awarded a certificate of Temporary Registration.

**ANNUAL FEE FOR RETENTION IN REGISTER**

For the retention of his name in the Register after the expiry of the Retention Certificates obtained at Registration in dentist pays an annual retention fee. The amount of the fee is prescribed by Regulations of the Council and is payable in advance, that is to say, the Retention fee during any year is due by December 31 of the preceding year. A notice of the payment of the fee together with a form of application for retention will be sent to the dentist's registered address some weeks before the fee is due.

<b>For Office Use Only</b>	
Fee .....	.....
Certificate No. ....	.....
Registration Date .....	.....

Application form for  
Full Registration as a Dentist  
under the Dental Profession  
Act, 1980

*(To be completed by the applicant in his handwriting)*

I hereby apply to be registered as a Dentist by virtue of the following qualifications which I lawfully possess.

Diploma(s)	Granting Authority	Granted on (day, month, year)

Full name of applicant (in BLOCK letters, surname underlined):-

.....

Place of Birth ..... Date of Birth .....

.....Male .....Female Nationality .....

Permanent Address (to appear in Dental Register)

.....

.....

Address to which Registration Certificate is to be sent (if different from above) .....

.....

I declare that the foregoing particulars are correct, that I have not been suspended or disqualified or prohibited from practising dentistry or from being registered as a dentist in any country. I enclose a remittance of ..... in payment of the fee prescribed by the Regulations made under the Dental Profession Act 1980.

Date .....

Signed .....

**CERTIFICATE OF IDENTITY AND GOOD CHARACTER**

I.....  
(Full name)

of.....  
(Address)

.....

certify that I am well acquainted with

.....  
(Name of applicant)

that he is the person he states himself to be in the foregoing declaration and that he is a person of good character.

Signature .....

Date .....

Qualifications .....

I wish to become a member of the Dental Board of Trinidad and Tobago.

I understand that only members of the Board are entitled to elect members of the Council or to become members of the Council

Date ..... Signed .....