## TEMPORARY REGISTRATION

DENTAL REGISTRATION COMMITTEE OF TRINIDAD AND TOBAGO (The Dental Profession Act of 1980)

ENROLMENT NO.
THIS IS TO CERTIFY THAT
was admitted to the roll by the Dental Registration Committee of Trinidad and Tobago on and is
entitled in pursuance of the Dental Profession Act of 1980 Section (20) to take and use the title of Enrolled Dental Nurse.
Secretary
Dental Registration Committee
Chairman
Dental Registration Committee

### TEMPORARY REGISTRATION

# <u>DENTAL COUNCIL OF TRINIDAD AND TOBAGO THE DENTAL PROFESSION ACT</u> <u>OF 1980</u>

## APPLICATION FOR ENROLMENT AS A DENTAL NURSE.

1	. SURNAME (BLOCK LETTERS)
2	. OTHER NAME (S)
3	. DATE OF BIRTH(Month) (Year) (Date)
4	. STATE WHETHER SINGLE, MARRIED OR WIDOWED
5	. IF MARRIED STATE MADIEN NAME
6	. FULL POSTAL PERMANENT ADDRESS
the l	ereby apply to the Dental Council of Trinidad and Tobago for enrollment as a dental nurse in Roll for Dental Hygienist/Dental Therapist.  Somise that in the event of my being so enrolled and in consideration thereof to be bound and
to co	onfirm in all respects to the rules and regulations the time being in force.  NATURE OF APPLICANT
	TE OF APPLICATION
Tob	be completed by the Authority of the Dental Nurses Training School)
pres adm	EREBY CERTIFY that the Applicant named above has successfully completed the cribed course of training at the School of Dentistry St. Agustine and is thus entitled to be itted to the Roll and I further declare that he/she is a fit and proper person to assume the onsibilities of an enrolled Dental Nurse.
DIR	RECTOR
COI	URSE CORDINATOR

### TEMPORARY REGISTRATION

It is necessary that any person applying to be enrolled as

Dental Nurse should produce the following documents: —

- 1. Certificate in Dental Nursing
- 2. Identification Card / Passport
- 3. Satisfactory evidence of good character

These documents and the prescribed fee (\$10.00) together with this form duly filled in should be presented to the Secretary, on appearance before the Dental Enrollment Committee.