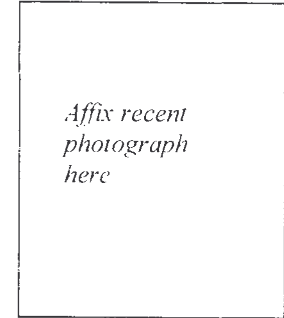
DC/TPC/3-03



APPLICATION FOR
TEMPORARY PRACTISING CERTIFICATE

1. Full Name : ....

2. Passport No. .... 3. Citizenship : ....

4. Date of Birth..

5. (a) Permanent Address : ....

   ....

   (b) Local Address : ....

   ....Tel. No. ....

   (c) Local Correspondence Address :..

   ....Tel. No. ....

6. Details of Basic Dental Qualification :

   (a) Degree Awarded (in full) : ....

   (b) Name of Institution conferring degree : ....

   (c) Date awarded : ....

7. Details of Post Graduate Qualifications :

   I (a) Degree Awarded (in full) : ....

   (b) Name of Institution conferring degree : ....

   (c) Date awarded : ....

   II (a)Degree Awarded (in full) : ....

   (b) Name of Institution conferring degree : ....

   (c) Date awarded : ....

8. Professional Designation in country of origin : ....

9. Duration of TPC

10. Name of university/ healthcare facility covering any and all emergencies:

....

11. I attach the following documents as proof of my qualifications and in support of my application:

    a) Certified copy of passport
    b) Certified copy of Basic Dental Degree
    c) Certified copies of other relevant degrees (*if relevant*)
    d) Certified copy of Certificate of Registration from country of origin
    e) Certified copy of Certificate of Registration from any other country (*if relevant*)
    f) Letter of Good Standing from Dental Regulatory Body in country of origin
    g) Offer of employment from a local university / healthcare facility: OR
       Copy of Invitation from local company or healthcare facility

DECLARATION

I (full name)...
the above named applicant, hereby declare that the particulars stated in this application are true and correct and the documents attached are true copies of original documents which relate to me.

I have not at any time been found guilty of an offence involving fraud, dishonesty or moral turpitude or any offence punishable with imprisonment (whether in itself only or in addition to or in lieu of a fine) for a term of two years or upward.

Date : ....
Signature of Applicant

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12. Details of university / healthcare facility forwarding application (*Only applicable to applications from universities/ healthcare facilities*) :

    a Name of university / healthcare facility : ....

    b. Address of university / healthcare facility : ....

    ....Tel. No. ....

Date : ....
Signature of Dean / Director