

The Commonwealth of The Bahamas
BAHAMAS DENTAL COUNCIL

P.O. Box N-3345
Nassau, Bahamas

Attached is an application for registration to be completed and returned to The Bahamas Dental Council along with notarized copies or the originals of the below listed documents.

GUIDELINES FOR APPLICATION

Please tick appropriate box to ensure that all information (notarized copies or originals) is submitted

- Fully completed application form
- Copy of Birth Certificate/Passport
- Passport size photograph
- Notarized copies of Dental Qualifications along with current transcript
(if original cannot be presented for verification by Chairman or Registrar)
- Current Registration/Licensure Certificate
where applicable (notarized copy)
- Evidence of successful completion of a National or State Board
(US, Canadian, United Kingdom or Jamaica)
- Certificate of Good Standing
(Only original documents accepted from relevant Dental Licensing Authority
attesting to whether or not the applicant has ever been subject to disciplinary enquiry).
- Document certifying citizenship status
(eg. Copy or relevant parts of Passport/Permanent Residency Certificate)
- Four (4) references (written)
 - Professional (2)
 - Character (2)
- Detailed Curriculum Vitae
(including Full Dental Education and Post-Graduate Training, Post-Graduate
Qualifications, Clinical Experience, Employment History and any Research Work)

Non-Bahamians

- Please ensure that all qualifications have been certified/notarized by the Ministry of Foreign Affairs, Consulate Office or Agency in your Country responsible for authentication/legalization of documents.
- Please provide a letter from the employing institution confirming an offer of employment and describing the post offered to you.
(must be received by Council prior to applicant assuming duties)

PLEASE NOTE:

- (a) **FAILURE TO PROVIDE ALL OF THE ABOVE DOCUMENTS WILL RESULT IN REJECTION OF THE APPLICATION.**
- (b) **If approved, Certificate of Registration and Licence will only be issued upon payment of prescribed fees.**

BAHAMAS DENTAL COUNCIL

Application form for Registration Under Section _____

Name in full: _____
(surname) (given names)

State type of practice you wish to pursue: _____

Date and Place of Birth: _____
(mm/dd/yy)

Nationality: _____ Age: _____ Sex: _____ Marital Status: _____

Telephone: _____
(home) (work)

Postal Address: _____
(home) (work)

E-Mail: _____

Name, Postal Address & Telephone Number of contact person (e.g. next of kin):

Degrees/Certificates/Diplomas:

(Please enclose notarized copies if originals cannot be presented for verification)

Qualification:	1. _____	2. _____
Date Obtained:	_____	_____
Institution/College:	_____	_____
Address:	_____	_____
	_____	_____

Registration/Licenses held:

(Please enclose notarized copies if originals cannot be presented for verification)

Registration/License:	1. _____	2. _____
Date Obtained:	_____	_____
Regulating Body:	_____	_____
Address:	_____	_____
	_____	_____

Attach a recent photograph of yourself:



PLACE PHOTO HERE

Have any proceedings related to your profession ever been initiated against you in a court of law or by a dental licensing authority? (Please answer this question yes or no, if yes, please provide details.):

I declare that I can clearly read, write, speak and understand the English Language, and that the information contained in this application is true and correct. Should any changes occur in the documentation presented with my application I shall promptly notify the Council of the changes.

Signature of applicant: _____

Date: _____

**FORM TO BE COMPLETED AND RETURNED TO:
THE REGISTRAR**

Bahamas Dental Council
Johnathan Forbes Building, Delancey Street
P.O. Box N-3345
Nassau, The Bahamas
Office hours: Fridays 1:00 p.m. – 5:00 p.m.
Telephone: (242) 326-0553 • (242) 326-0538
Telefax: (242) 326-0537

Registrar: Dr. Anthony Davis
Secretary: Ms. Shelly Collymore
Email: bahamasdentalcouncil@hotmail.com