

GENERAL DENTAL COUNCIL

Registration Department
1 Colmore Square, Birmingham B4 6AJ
Tel: 020 7167 6000 Email: assessments@gdc-uk.org

Registration Department Office
Hours: Monday to Friday, 9.00am to
5.00pm

RECOMMENDATION FOR THE AWARD OF A CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING

GENERAL INSTRUCTIONS

This form must be completed and signed by the Postgraduate Dental Dean/Director and returned to the General Dental Council.

Please ensure that all sections of the form are completed in type or black ink in BLOCK CAPITALS.

Send to:

General Dental
Council Registration
Department 1 Colmore
Square Birmingham
B4 6AJ

FOR GDC USE ONLY

GDC Registration Number: _____

Surname: _____

Forenames: _____

Specialty _____

RECOMMENDATION FOR THE AWARD OF A CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING
TO BE COMPLETED BY THE POSTGRADUATE DENTAL DEAN/DIRECTOR

(a) Surname _____ Mr/Mrs/Miss/Ms _____

Forenames _____

(b) GDC Registration No. _____ (c) National (or Visiting) Training No. _____

(d) Period spent in Specialist Training Programme (state number of years and months) _____

Date Training started _____ Date training ended _____

Date exit examination passed _____

(e) Period of any overseas training which took place during the Postgraduate Training included under (d) above (state number of years and months) _____

(f) Specialty (name in full) _____

DECLARATION

I confirm that _____ has satisfactorily completed the above specialist training programme on (specify date) _____ and I recommend him/her for the award of the Certificate of Completion of Specialist Training in the specialty stated.

To be signed by the Postgraduate Dental Dean/Director, or his/her designated nominee.

Name (surname underlined) _____

Region _____

Signed _____ Date _____

When this form has been completed and signed, please send it to:
**General Dental Council
Registration Department
1 Colmore Square, Birmingham B4 6AJ**