

**APPLICATION FOR REGISTRATION AS A DENTAL PRACTITIONER  
WITH THE DENTAL COUNCIL OF GUYANA**

Chapter 32:03. DENTAL REGISTRATION ACT / THE LAWS OF GUYANA

**Please read this before filling up the application form**

**GENERAL ORIENTATION REGARDING APPLICATION**

**A. CONDITIONS**

A person who applies to the Dental Council of Guyana to be registered as a Dental Practitioner shall satisfy the Council that he/she:

- a) is a citizen of Guyana, or the spouse of a citizen of Guyana or is resident in Guyana.
- b) can communicate effectively in English
- c) is of good character
- d) holds a degree, diploma or certificate obtained by examination after attending a recognized dental school approved by the Dental Council of Guyana.
- e) is registered and qualified to practice independently in the country where he/she obtained the degree, diploma or certificate.

**B. REGISTRATION PROCESS**

An applicant for registration shall submit to the Secretary of the Dental Council of Guyana the following. Application Form must be filled out in legible handwriting and signed by applicant and must include a phone number and address.

**FOR NEW GRADUATES OF THE UNIVERSITY OF GUYANA AND FOREIGNERS:**

- 01) Letter stating your desire to apply to be registered as a Dental Practitioner with the Dental Council of Guyana
- 02) Sworn affidavit (to be done on Form provided by Dental Council)
- 03) Original and certified (notarized) copy of degree or diploma. Where this document is not yet in your possession, graduates are therefore to present a letter, issued by the University stating that you have successfully completed your studies.
- 04) One Passport size colour photograph
- 05) Proof of identity (National I.D.# / Passport #),
- 06) Proof of address.
- 07) Police Clearance
- 08) Proof of payment of Registration fee through bank deposit.
- 09) Name, address and contact of two referees: (for character references)
- 10) Curriculum Vitae
- 11) Completed Application for Registration Form

**2. FOR FOREIGNERS THE FOLLOWING WILL ALSO APPLY**

**12. A current valid license to practice:** A current valid license to practice from the appropriate dental regulatory body from the country in which he/she last practiced. .

**13. Certificate of Good Standing:** This must be issued by the Dental Council / competent registration body of the country in which you last practiced. Applicants must submit the original document. All certificates of Good Standing have a 3 (three) month life span and must be current when making an application. You must submit certificate of Good Standing from the Dental Council or the competent dental registration body in the country where you have been or are currently licensed to practice.

14) **An updated Curriculum Vitae** – This **must** include your work experience from the time you graduated with your degree and must contain start and finish dates, name and full address of employer / practice, and the grade or title of your post. Gaps in your work history should be explained (i.e. travelling, career break, maternity leave etc.)

15) **Passport:** Foreigners must also present copies of the pages of a valid passport with: a) biographical data, b) date of entry stamp, c) permission to work

16) **English Language Proficiency:** Persons whose first language is not English, Proof that he/she can communicate effectively in English through Test of English as a Foreign Language (TOEFL) Certificate / International English Language Testing System (IELTS) or equivalent.

17. **Translations:** You must provide official notarized translations for any documents listed above, if they are in any language, other than English. A copy of the document that has been translated must be bound to its notarized translation by the translator.

18. **Work Permit:** Letter from the Ministry of Home Affairs granting your work permit and Copies of your Passport pages showing date of entry stamp.

#### C.FEES:

Application for registration must be accompanied by proof of bank deposit corresponding to value of current fee, in the account of the Dental Council of Guyana. The Application fee for registration is twenty thousand dollars (\$20,000.00) for Guyanese and twenty-five thousand dollars (\$25,000.00) for foreigners. This fee is non refundable. If the Application is approved by the Dental Council, then the initial License fee is twenty thousand dollars (\$20,000.00) for Guyanese and forty thousand dollars (\$40,000.00) for foreigners. Fees are subject to change without prior notice.

#### D. ATTENTION:

The attention of the applicant is drawn to Part III Section 9 of this Act: “No one shall practice or hold himself out whether directly or by implication, as practicing or entitled to practice dentistry unless he/she is registered as a dental practitioner under this Act and anyone contravening this section shall be liable on summary conviction to a fine of seventy thousand dollars and to imprisonment for eighteen months.

Applicants are also reminded that it is an offence for a person to make a false declaration for the purpose of obtaining registration. Any person who furnishes or attempts to furnish fraudulent or altered documents/certificates **will** have their application refused **and be liable to prosecution.**

#### E. INTERVIEW:

All applicants are required to attend an interview with the Dental Council at a date and time to be determined by the Council. Completed applications must be submitted before an interview is arranged.

The application will be processed after the interview and the applicant will be informed about the decision of the Dental Council in writing.

#### F. BOARD EXAM:

There is a theoretical multiple-choice exam of 100 questions. All foreign dentists must pass this exam. Topics include: anatomy, physiology, biochemistry, microbiology, pathology, pharmacology, dental materials, oral pathology, periodontology, endodontics, orthodontics, oral surgery, restorative dentistry and ethics.



# Dental Council of Guyana

Established by the Dental Act, 1996  
125 Carmichael street, Georgetown, Guyana  
Phone: 592 225 0702.

## FORM 2

### SWORN DECLARATION TO ACCOMPANY APPLICATION FOR REGISTRATION AS DENTAL PRACTITIONER

I, ....., residing at .....  
..... do hereby declare that I am a  
graduate of .....  
(here state college, faculty, Council or Society) and I was duly authorized by that .....  
.....  
(college, faculty, Council or Society) on the day of .....  
to practise dentistry.

.....  
Signature of Applicant

Sworn before me this .....day of .....201... ..  
.....  
Commissioner of Oaths to Affidavits



# Dental Council of Guyana

Established by the Dental Act, 1996  
125 Carmichael street, Georgetown, Guyana  
Phone: 592 225 0702.

## APPLICATION FORM FOR REGISTRATION UNDER THE DENTAL ACT

Chapter 32:03. DENTAL REGISTRATION ACT / THE LAWS OF GUYANA

This form must be filled up using block letters and **signed in the applicant's legible handwriting**

I hereby apply to be registered as a Dental Practitioner in Guyana by virtue of the following qualifications and documents.

### PERSONAL DATA

SURNAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NATIONAL I.D. #: \_\_\_\_\_ PASSPORT #: \_\_\_\_\_

### MARITAL STATUS:

SINGLE:

DIVORCED:

MARRIED:

WIDOWED:

RESIDENTIAL ADDRESS: \_\_\_\_\_

ADDRESS (ES) OF PLACE(S) OF PRACTICE: \_\_\_\_\_

\_\_\_\_\_

### PROFESSIONAL QUALIFICATIONS:

DEGREE / DIPLOMA: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ UNIVERSITY: \_\_\_\_\_

ADDRESS OF UNIVERSITY: \_\_\_\_\_

POST GRADUATE QUALIFICATIONS: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ UNIVERSITY: \_\_\_\_\_

ADDRESS OF UNIVERSITY: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

IN WHICH COUNTRIES ARE YOU REGISTERED OR ENTITLED TO PRACTISE AS A DENTAL SURGEON / SPECIALIST?

AS DENTAL SURGEON: \_\_\_\_\_

AS SPECIALIST: \_\_\_\_\_

HAS YOUR REGISTRATION / LICENSE TO PRACTISE AS A DENTAL SURGEON / SPECIALIST EVER BEEN CANCELLED OR SUSPENDED? \_\_\_\_\_

IF SO, FOR WHAT REASON AND DURING WHAT PERIOD? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION FEES (non refundable)**

GUYANESE CITIZENS AND GRADUATES OF UNIVERSITY OF GUYANA G\$20,000.00

FOREIGNERS G\$25,000.00

**INITIAL LICENSE FEES (non refundable)**

GUYANESE CITIZENS AND GRADUATES OF UNIVERSITY OF GUYANA G\$20,000.00

FOREIGNERS G\$40,000.00   
(Fees are subject to change without prior notice)

**TWO REFEREES: (FOR CHARACTER REFERENCES)**

<b>REFEREE: # 1</b>	
Name	
Address	
Phone	
Email	
<b>REFEREE: # 2</b>	
Name	
Address	
Phone	
Email	

**I enclose**

**YES**

**NO**

a) Certified (notarized) copies of degree or diploma, current overseas registration and all other required documents.

b) Proof of bank deposit of Application for Registration fee.

c) One 2" x 2" passport size colour photograph.

I hereby declare that I am the person named in the enclosed documents and certificates and that the above information is true and correct.

I am aware that it is a serious offence for any person to make a false declaration for the purpose of obtaining registration and that anyone who furnishes any fraudulent or tampered documents / certificates will be refused registration and liable to be prosecuted by the law.

Signature of Applicant

Date

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# DOCUMENT CHECKLIST

#	DOCUMENT	YES	NO
<b>GUYANESE CITIZENS AND GRADUATES OF UNIVERSITY OF GUYANA</b>			
01	Letter from applicant, signed and dated		
02	Affidavit signed by Commissioner of Oaths. (Showing contact information and address)		
03	Letter from University confirming completion of Dental Program		
04	Original and copies of certificates or diploma		
05	One passport size photograph		
06	Proof of Identity: I.D #		
07	Proof of Identity: Passport #		
08	Proof of Address		
09	Police Clearance		
10	Payment of Registration fee.		
11	Payment of License fee.		
12	<b>REFEREE: # 1</b>		
	Name		
	Profession		
	Address		
	Phone		
	Email		
13	<b>REFEREE: # 2</b>		
	Name		
	Profession		
	Address		
	Phone		
	Email		
14	Curriculum Vitae		
15	Application for Registration Form, completed and signed by applicant		
<b>FOREIGNERS: ADDITIONAL TO THE ABOVE</b>			
<b><i>OBS: All documents presented must be translated into English by the translator authorized by the Dental Council.</i></b>			
16	Current registration / valid license to practice from country of origin		
17	Certificate of Good Standing:		
18	Updated Curriculum Vitae		
19	Contract signed by Employer and Applicant		
<b>20. Passport: Copies of the following pages</b>			
	Biographical data pages		
	Date of entry stamp		
	Permission to work (Work Permit)		
<b>21. English Language Proficiency</b>			
	Test of English as a Foreign Language (TOEFL)		
	International English Language Testing System (IELTS)		
	English Equivalent.		
22	<b>National Accreditation Council.</b> Proof of Submission of certificate for Verification		

Observations: \_\_\_\_\_

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**OFFICIAL USE ONLY:**

**TO BE FILLED IN BY SECRETARY OF THE DENTAL COUNCIL**

**(Obs: This sheet is attached to application form only after submissions of all documents)**

NAME OF APPLICANT: \_\_\_\_\_

DATE OF SUBMISSION OF DOCUMENTS: \_\_\_\_\_

DOCUMENTS COMPLETE: YES  NO

DATE OF INTERVIEW: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REGISTRATION APPROVED:**

**REGISTRATION REFUSED:**

COMMENTS: \_\_\_\_\_

**TYPE OF REGISTRATION ISSUED:**

FULL REGISTRATION

INSTITUTIONAL REGISTRATION

TEMPORARY REGISTRATION

REGISTRATION NUMBER: \_\_\_\_\_

DATE UPLIFTED: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SECRETARY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CHAIRMAN

\_\_\_\_\_  
DATE