



+ (592) 629- 3022/ 225- 0702

dentalcouncilgy@gmail.com

125 Carmichael street Georgetown

Chapter 32.03. DENTAL REGISTRATION ACT / THE LAWS OF GUYANA

Please read this before filling up the application form

GENERAL ORIENTATION REGARDING APPLICATION FOR A DENTAL TECHNICIAN

A. CONDITIONS

A person who applies to the Dental Council of Guyana to be registered as a **Dental Technician** 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: The application form must be filled out in legible handwriting and signed by applicant and must include a phone number and address.

- 01) Letter stating your desire to apply to be registered as a **Dental Technician** 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 Initial Registration fee and License fee through bank deposit.
- 09) Name, address and contact of two referees: (for character references)



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- 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.

C.FEES:

Application for registration must be accompanied by proof of bank deposit corresponding to value of current fees, in the account of the Dental Council of Guyana. The Application for registration fee is five thousand dollars (\$5,000.00) for dental technicians. This fee is nonrefundable.

If the Application is approved by the Dental Council, then there is an initial license fee of \$5,000. 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



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registered as a dental technician 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.



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FORM 2

SWORN DECLARATION TO ACCOMPANY APPLICATION FOR REGISTRATION AS DENTAL TECHNICIAN

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

.....

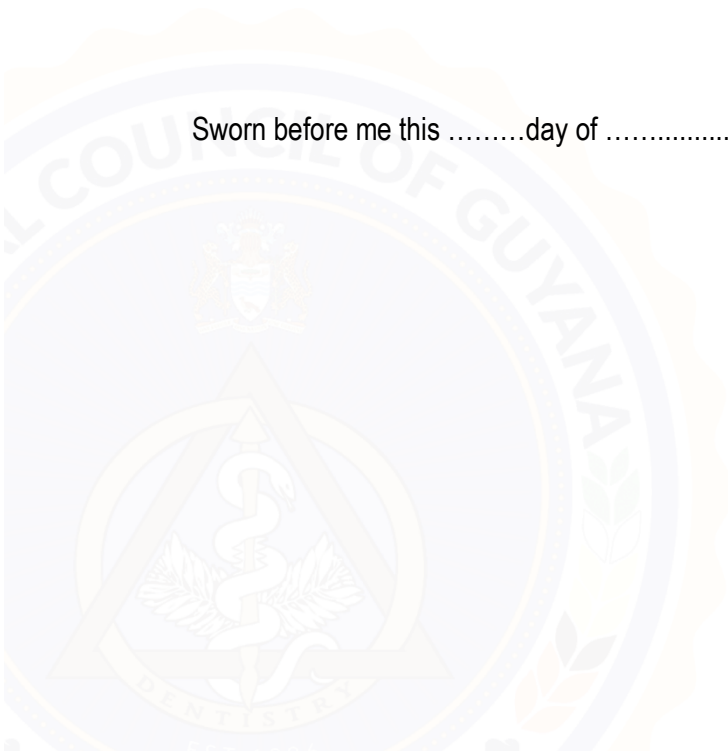
(college, faculty, Council or Society) on the day of

to practice as a Dental Technician.

.....
Signature of Applicant

Sworn before me thisday of201...

.....
Commissioner of Oaths to Affidavits





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APPLICATION FORM FOR REGISTRATION UNDER THE DENTAL ACT

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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 Technician in Guyana by virtue of the following qualifications and documents.

PERSONAL DATA

SURNAME: _____ OTHER NAMES: _____

DATE-OF-BIRTH: _____ / _____ / _____ SEX: _____ AGE: _____

PLACE-OF-BIRTH: _____ NATIONALITY: _____

CELLPHONE#: _____ OTHERPHONE: _____ EMAIL: _____

NATIONAL-I.D.#: _____ PASSPORT#: _____

MARITAL STATUS:

SINGLE:

DIVORCED:

MARRIED:

WIDOWED:

RESIDENTIAL ADDRESS:

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



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PROFESSIONAL QUALIFICATIONS:

DEGREE/DIPLOMA:

GRADUATION

DATE: _____ UNIVERSITY: _____

ADDRESS OF UNIVERSITY:

TWO REFEREES: (FOR CHARACTER REFERENCES)

REFEREE: # 1	
Name	
Address	
Phone	
Email	
REFEREE: # 2	
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 and License fee.



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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:

