

CERTIFICATE IN IMPLANT DENTAL NURSING  
APPLICANT CHECKLIST

Please read and complete all sections of the checklist.

<b>Verification Form</b>	
<b>Applicant Full Name</b>	
<b>Applicant GDC Number:</b>	
<b>Supervising Dentist Full Name:</b>	
<b>Supervising Dentist Signature:</b>	
<b>Supervising Dentist GDC Number:</b>	
<b>Date:</b>	

<b>Study Requirements</b>	<b>Please Circle</b>
1. Study leave authorised – this is to be arranged between <b>applicant &amp; employer</b>	Yes No
2. Access to different stages of Dental Implant treatment	Yes No
3. Access to 10 fixture placements 4.	Yes No
5. Access to 5 augmentation procedures (hard or soft tissue)	Yes No
6. Access to 7 restorative cases including (crown, bridge <b>and</b> denture)	Yes No
7. Giving dental implant maintenance advice and instruction to 5 patients	Yes No
8. Able to take Intra and extra Oral Photographs	Yes No
9. Mixing a non-alginate impression material	Yes No
10. I am aware that I will be required to attend 10 training days in total and complete my online electronic record of competence	Yes No
11. Access to the support of a GDC registered clinician to act as a witness and guide during the course and who will validate the log sheets and the competencies in the workplace – this can be your supervising dentist	Yes No

12. I do have the competency to use computers within my everyday activity and I am a regular computer user. I understand that I will be required to use computers to complete the electronic record of competence	Yes No
13. I have personal access to the internet to complete my electronic record of competence	Yes No
14. I have personal access to a computer/ laptop to complete my electronic record of competence	Yes No

Please add any questions or comments you may have or wish to state to support your application:

**Incomplete checklists will not be accepted by the centre and will be returned immediately to the sender.**