

CERTIFICATE IN IMPRESSION TAKING
APPLICANT CHECKLIST

Please read and complete all sections of the checklist.

Verification Form	
Applicant Full Name	
Applicant GDC Number:	
Supervising Dentist Full Name:	
Supervising Dentist Signature:	
Supervising Dentist GDC Number:	
Date:	

Study Requirements	Please Circle
1. Study leave authorised – this is to be arranged between applicant & employer	Yes No
2. Access to minimum of 15 cases listed below	Yes No
3. Access to 10 x adult dentate patients	Yes No
4. Access to 3 x paediatric & young adult patients	Yes No
5. Access to 2 x edentulous patients	Yes No
6. 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
7. All work must be completed and submitted 8 weeks after the course start date	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.