

CERTIFICATE IN ORAL HEALTH EDUCATION
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 7 patients (divided as below)	Yes No
3. 4 patients seen on a minimum of 2 occasions: <ul style="list-style-type: none"> - Prevention of caries - Prevention and control of periodontal disease - Prevention of further non-carious tooth surface loss - Oral conditions, e.g Xerostomia, smoking cessation advice 	Yes No
4. 3 patients seen on at least one occasion: <ul style="list-style-type: none"> - Care of dentures - Maintenance of fixed prostheses - Care of orthodontic appliances 	Yes No
Note: Of the patients seen they must be from 5 of the patient groups listed below: <i>Pregnant/nursing mothers</i> <i>Parents of pre-school</i> <i>Parents of primary school children</i> <i>Adolescent</i> <i>Adult</i> <i>Senior</i> <i>Special needs/ Medically compromised</i>	Yes No
5. 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

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

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