

CERTIFICATE IN ORTHODONTIC NURSING
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 stages of fixed appliances (bonding, banding and adjust debonding)	Yes No
3. Access to stage of removable appliances (fitting and adjustment)	Yes No
4. Access to stages of functional appliances (bite reg, fitting and adjustment)	Yes No
5. Access to 4 cases of retention (bonded and removable)	Yes No
6. Access to 4 cases of impressions (study models & functional appliances)	Yes No
7. Access to/involvement with a multi disciplinary team	Yes No
8. Access to the use of a camera to take intra and extra oral clinical photographs/slides in the workplace	Yes No
9. Access to the use of a digitiser in the workplace	Yes No
10. Access to a laboratory and GDC registered technician to cast working and study models	Yes No
11. Access to the support of an orthodontist to act as a mentor 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.