

DUBLIN DENTAL HOSPITAL

in association with
Diagnostic Imaging,
UCD School of Medicine and Medical Science



Certificate in Dental Radiography

SUPPORTING DOCUMENTATION FOR APPLICATION

2024

PRACTITIONER DECLARATION OF SUPPORT

The below declaration of support is in relation to the employed dental nurses intent to undertake the Certificate in Dental Radiography Programme with the Dublin Dental Hospital.

If you are willing to support the dental nurse through these studies, please complete the following declaration and the prospective student will include it in his/her documentation to be submitted.

If you have any queries regarding this please contact DentalNurseTutor@dental.tcd.ie.

EMPLOYER

I _____ agree to support _____ (employed dental nurse) during the period of their training programme in dental radiography.

I will ensure all tasks and duties as outlined in the portfolio of experience will be completed.

All supervising practitioners must be on the Dental Council register.

Please tick here to indicate you are on this register.

Dental Council Number _____

I confirm that within our surgery environment we follow best practice health and safety procedures as set out by the Radiological Protection Institute of Ireland, and will employ these procedures during this training of the student dental nurse.

Please tick the following to confirm the above statement.

Signature of Employer: _____

Print Name: _____

Employer's address: _____

Employer's email address: _____

Date: _____

CHECKLIST FOR COMPLETION OF APPLICATION

Tick each box to ensure that you have included **all** of the following by email to DentalNurseTutor@dental.tcd.ie:

- Payment** of €40.00 non-refundable application fee paid by Electronic Transfer, **with proof of payment** (screenshot).
- Proof of non-infection with Hepatitis B.** This must be dated within 6 months. Original Laboratory Blood Test Results only
- Proof of non-infection with Hepatitis C.** This must be dated within 6 months. Original Laboratory Blood Test Results only
- Proof of Hepatitis B titre levels** (greater than 10mIU/mL). Original Laboratory Blood Test Results only
- Copy of dental nursing/hygiene qualification**
- Copy of proof of current registration with the Dental Council** for period up to 31st August 2024. If waiting for registration certificate, send proof of renewal/new registration from 1st September 2023 (receipts of online payment will be accepted until submission of copy of new registration certificate for 1st September 2023 onwards) and a copy of the previous Dental Council registration certificate.
- Copy of all pages of the current license of radiography equipment** in your dental surgery (and associated conditions if applicable)
- Completed and signed Practitioner Declaration of support** (see p2 of Supporting Documentation) Please note the supporting dental practitioner is the practitioner that is to support the student throughout the duration of the programme.

In order for an application to be deemed complete and eligible for review and processing,

- i) **the online application form is completed in full** and submitted (available on the dental hospital website),
- ii) **the non-refundable fee is paid,**
- iii) **all the items listed above in the Checklist are submitted by email to DentalNurseTutor@dental.tcd.ie before 4pm on Friday 29th September 2023.**

Please note applications submitted without payment and proof of payment (screenshot) of the non-refundable administration fee (€40) will not be viewed and processed.

If there are any of the items listed above missing from the application, it will be deemed incomplete and may not be eligible to be considered for an offer of a place on the programme.

***Important:** Please note application for this course does NOT guarantee an offer for a place on the course.*

For more information, see Application Process and Course Outline 2024 document.