DUBLIN DENTAL HOSPITAL

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

Certificate in Dental Radiography

SUPPORTING DOCUMENTATION FOR APPLICATION

2027

PRACTITIONER DECLARATION OF SUPPORT

The following declaration of support is in relation to the employed dental nurse's intent to undertake the Certificate in Dental Radiography Programme with the Dublin Dental Hospital.

If you, the supervising dental practitioner, are willing to support the dental nurse through these studies, please complete the following declaration and checklist in handwriting and in full. The applicant will include it in his/her documentation to be submitted with the application.

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 Environmental Protection Agency (EPA) 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: _____

SUPERVISING DENTAL PRACTITIONER CHECKLIST

I, the supervising dental practitioner: _____ confirm that the dental practice has the **licence and radiography equipment** listed below.

Yes / No answers; please circle

Yes / No **Current licence of the dental surgery radiography equipment**. An in-date copy of the Certificate of Registration issued by the Environmental Protection Agency (EPA) for the radiography equipment in your dental surgery.

Yes / No **Conventional film**

Yes / No **Direct digital sensors**

Yes / No **Charge Coupled Device**

Yes / No **Photostimulable Phosphor Storage Plates**

Yes / No **Rectangular collimation used on all intraoral radiographic equipment**

Yes / No **Circular collimation used on all intraoral radiographic equipment**

Yes / No **A thyroid collar**

Yes / No **Occlusal view image receptors available**

Yes / No **Rinn holder.**

Yes / No **Kerr Hawe.**

Yes / No **Neos holders.**

Yes / No **Other. If other specify:** _____

Yes / No **Intraoral X-ray machine**

Yes / No **OPG machine**

Yes / No **Lateral ceph**

I, the practitioner in charge of this dental practice, will arrange for the student to expose at least:

Yes / No **10 panoramic OPG radiographs**

Yes / No **2 lateral cephalometric radiographs**

Yes / No **15 bitewing radiographs**

Yes / No **20 periapical radiographs**

Yes / No **15 other exposure radiographs, including 2 occlusals**

Signed: _____ **Date: ……/……/ 2026**

Supervising dental practitioner

Failure to complete this form in full may cause the application to be withdrawn.

APPLICANT CHECKLIST FOR COMPLETION OF THE APPLICATION

Tick each box to ensure that you, the applicant, have included **all** of the following as part of the online application form:

☐ a copy of your **dental nursing/hygiene qualification**

☐ proof of **current registration with the Dental Council** for the period up to 31st August 2027. If waiting for a registration certificate, send proof of renewal/new registration from 1st September 2026 (receipts of online payment will be accepted until submission of a copy of the new registration certificate for 1st September 2026 onwards) and a copy of the previous Dental Council registration certificate.

☐ an in-date copy of the Certificate of Registration issued by the Environmental Protection Agency (EPA) for the radiography equipment in your dental surgery (and associated conditions if applicable)

☐ the **completed and signed Practitioner Declaration of Support** (pages 2 & 3 of Supporting Documentation). Please note that the supporting dental practitioner is the practitioner who will support the student throughout the duration of the programme.

Please upload each document as <u>one</u> document file, in PDF format. Failure to do so may impact your application. Multiple separate pages cannot be uploaded to the online form.

☐ **Payment** of €50.00 non-refundable application fee

For an application to be deemed eligible for review and processing,

i) **all parts of the online application form are to be completed in full** and submitted via the dental hospital website. (Please remember to click Submit),
ii) **all the items listed above in the Checklist are complete**
iii) **the non-refundable fee is paid** by **2pm on Thursday 24th September 2026.**

Please note applications submitted without payment will not be viewed and processed. Paper applications will not be accepted.

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

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

For more information, see the Application Process and Course Outline 2027 document.