

**The act of regulation the profession of Dental Laboratory  
Technicians, 1996 (N.9(I)/96)**

**Application for entry in the dental technician register based on the  
term 8**

The present application should be accompanied by the amount of €5, which be accompanied as a fee to submit the application for examination by the Dental Technician Council.

1. Surname: .....
- First name: .....
- Married: ..... Single: .....
2. Date of Birth:           .....           .....           .....  
  Day                      Month                      Year
3. Nationality: .....
4. Identity Card Number: .....
5. Work Address: .....
- Tel: ..... Fax: .....
6. Home Address: .....
- Tel: ..... Fax: .....
7. Academic Qualifications: .....
- University degree: .....
- Other diploma from Professional School: .....
- Name of diploma: .....
- Practical Exercise: From ..... Up to .....
- Major subjects practised:       Removable ..... Orthodontics: .....

Fixed ..... Other .....

Educational Institution: .....

Period of Studies: From ..... Up to .....

8. Professional Experience: To be completed by qualified technicians and by skilled technicians.

Laboratory Name: .....

Laboratory Address: .....

Tel: ..... Fax: ..... Registration Number: .....

From: ..... Up to: .....

Social Security Number: .....

Attach copy of social security card

9. Have you ever been convicted from a criminal court of justice? ( if yes declare the type of the crime, the date of conviction and the punishment that was imposed).  
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10. State the original or certified photocopies of the diplomas, degrees and certificates that you attach in this application.

Number of attached documents: .....

Size of the laboratory area: .....

Laboratory equipment: .....

11. Other Information:

Mention any information that according to you the Council should know.  
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12. To be completed by Dental laboratory owners:

Operating date or date for the laboratory to be operated: .....

Proof of evidence for the operation of the laboratory: .....

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13. Statement:

I the undersigned declare that all the information given is true and I submit my application for entry in the dental technician register based on the care of the relative legislation (N.9(I)/96).

The name: ..... The date: .....

To be completed by the Council.

Date of receiving: ..... N/E in the entry book: .....

N. Receipt of fee payment: ..... Return of fee: .....

Date of inspection by the council: .....

Register entry of the dental technician: .....

N. Register: .....

Council's decision ( comments ) .....

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Chairman of the D.T.C.

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Secretary of the D.T.C.