Government of Bermuda
Ministry of Health, Seniors and Environment
OFFICE OF THE CHIEF MEDICAL OFFICER

Bermuda Dental Board

Application for Inaugural Renewal of Registration

under s7A, Dental Practitioners Act 1950

Section A: Instructions

All† registered Dentists, Hygienists and Technicians, that wish to continue practicing after Dec 1st 2015 must apply for renewal of registration by November 20th 2015.

Please complete all sections of the application and print clearly. Completed applications and the fee should be submitted to the Office by **November 20th 2015**.

If more space is needed to fully answer questions, please attach additional sheets with typed responses

The information used in this form will be kept confidential and will be used for the purposes of monitoring the health sector and contacting you; it may also be shared with the Bermuda Health Council and other Governmental agencies for the same purposes.

The full registration renewal application **fee** is listed next. Please see section B for eligibility for a pro-rated fee and the covering letter for the value of that reduction:

- Dentists and Specialists: $253.00
- Dental Hygienists or Dental Technicians $100.00

Please make a cheque payable to the **Accountant General.** Cash is only accepted if delivered by hand.

Submit application to:

Bermuda Dental Board
c/o Office of the CMO
P.O. Box HM 1195
Hamilton HM EX
Bermuda

† except where initial registration was after May 31st 2015

Section B: Applicant Information

APPLICANT DETAILS

Registration Type:	☐ Dentist / Dental Specialist	☐ Government Dental Officer	☐ Dental Hygienist	☐ Dental Technologist
Fee:	☐ Full = $253.00	☐ Pro-rated (*insert amount)*	☐ Full = $100.00	☐ Pro-rated (*insert amount)*

Date of Initial Registration:		**Pro-rated Fee Amount Paid** (if applicable)**:**	

*A pro-rated fee applies only if your initial registration was **after Nov 30th 2013**. If you are eligible for this, please insert your initial registration date and the relevant fee as calculated in the covering letter*

Dental Specialty Area (if applicable)**:**				
BDB Registration Number: *If you know your registration number please insert it in the appropriate box.*	**DEN:**	**DHYG:**	**DTEC:**	**GDO:**

Full Name:			
	Last Name	*First Name*	*Middle Name(s)*
Previous Name (s) (if applicable)**:**			
Date of Birth:		**Gender** (please tick)**:**	☐ Male ☐ Female
DD/MMM/YYYY		**Nationality:**	
Immigration Status (if non-Bermudian)**:**	☐ Spouse of Bermudian ☐ Work Permit Holder ☐ Permanent Resident Certificate Holder ☐ Other (please specify): _____		

RESIDENTIAL CONTACT DETAILS

Physical Home Address:	

House Name:

House/Apartment/Unit # *Street Address Line 1*

Address Line 2 (if applicable)

City/ Parish *State/Province/Region* *Postal / ZIP Code* *Country*

Home Telephone:		**Personal Cell Phone:**	
Personal Email Address:			

EMPLOYMENT CONTACT DETAILS

Name of Practice Owner:	
Physical Business Address:	

Company Name, In Care Of (c/o), or To the Attention of (ATTN:)(if applicable)

Unit, Suite, Floor # *Street Address Line 1*

Address Line 2 (if applicable)

City/ Parish *State/Province/Region* *Postal / ZIP Code* *Country*

Business Telephone:		**Business Cell Phone:**	
Business Fax:		**Business Pager:**	
Business Email Address:			

PREFERRED CORRESPONDENCE DETAILS

Preferred Mailing Address:	☐ Home (as above) ☐ Business (as above) ☐ Other (please specify below)

Section C: Practice Qualifications

Title of Primary Professional Qualification:			
Name of Issuing Institution (College/University/Examining Body)**:**		**Country:**	
Title, Date and Authorizing Body of Additional Professional Qualification(s)/ Certification(s) (since initial registration)**:**			

25 Church Street, Hamilton, HM 12, Bermuda
P.O. Box HM 1195, Hamilton HM EX, Bermuda
Phone: (441) 278-4900 or (441) 278-4920 • Fax: (441) 292-2629 • E-mail: OfficeofCMO@gov.bm

Section D: Screening Questions

If you answer yes to any of the following three questions please provide an explanation on a separate sheet of paper and submit it with your application.

1.	Have you had any disciplinary or probationary action taken against you by any licensing authority or other health entity (including being placed on probation, suspended, revoked, or denied)?	YES ☐	NO ☐
2.	Have you been convicted of, pled guilty to, or nolo contendere to a crime in Bermuda or any other country since you last registered?	YES ☐	NO ☐
3.	Do you have a mental, physical, or chemical dependency condition which could interfere with your current ability to practice in the field of Dentistry?	YES ☐	NO ☐

Section E: Continuing Education and Practice

*For the 2015 inaugural re-registration this section **will not affect your registration status**. However, lack of compliance at future re-registrations will result in a suspension of practice.*

*All registered practitioners will be required to satisfy the following Continuing Education (CE) requirements in the preceding two year period: **Dentists/ Dental Specialists - 40 hours; Dental Hygienists – 20 hours; Dental Technicians – 20 hours***

1.	Have you completed the Continuing Education (CE) recommendations outlined above?	YES ☐	NO ☐
2.	Do you have current Cardiopulmonary Resuscitation Certification?	YES ☐	NO ☐
3.	Have you undertaken at least 100 hours of practice in the last 2 years?	YES ☐	NO ☐
4.	Do you have malpractice (i.e. indemnity) insurance?	YES ☐	NO ☐

*For inaugural re-registration CE documentation is not required. After Dec 1st 2015 you must keep all documentation of having satisfied **CE** hours and **CPR Certification** for at least three (3) years after being earned as you may be selected for a random compliance audit.*

Section F: Declaration Statement

By my signature, I attest that the information I submit in this application and in any required accompanying or subsequent documentation is true and accurate to the best of my knowledge. I understand that false statements may result in the revocation of my registration.

I understand that all persons registered by the Bermuda Dental Board (hereafter the Board), are subject to the Dental Practitioners Act 1950 and the relevant Dental Regulations (namely: Dental Practitioners (Registration) Regulations 1950; Dental Hygienists Regulations 1950; Dental Technicians Regulations 1962); in addition dentists are subject to the Standards of Practice for Dentists (2014).

- Continued on Next Page -

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DECLARATION STATEMENT CONTINUED

I understand that from time to time the Board may amend its requirements, policies and procedures concerning initial registration, registration renewal, and the Standards of Practice. I agree to notify the Board in writing immediately if I fail to comply with the Standards of Practice.

I understand the Board reserves the right to not accept or delay approval of this application. I also understand that I may be subject to audit at any time, and that the Board reserves the right to take action for failure to comply with audit procedures.

I agree to notify the Board in writing of any address or name change(s) within thirty (30) days after the change becomes effective.

I attest that I have completed all the registration requirements as applicable.

_____

Printed Name of Applicant

_____ _____

Signature of Applicant *Date*

FOR OFFICIAL USE ONLY

FEE PAID ☐ YES ☐ NO

RECEIPT NO. _____

APPLICATION APPROVED ☐

APPLICATION NOT APPROVED ☐

SIGNATURE OF OCMO ADMINISTRATION: _____ DATE: _____

COMMENTS: _____

MEETING MEMBERSHIP:	**NAME**	**PRESENT**		**DATE**
		YES	**NO**	
BOARD CHAIRMAN	_____	☐	☐	_____
MEMBER	_____	☐	☐	_____
MEMBER	_____	☐	☐	_____
MEMBER	_____	☐	☐	_____
MEMBER		☐	☐	

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