



DENTAL COUNCIL
OF MAURITIUS

APPLICATION AS CPD PROVIDER FOR DENTAL ASSOCIATION

Application for approval as CPD Provider as per Section 5 of the Dental Council (Continuing Professional Development) Regulations 2016.

Name of association:

Address:

Phone number: Mobile number:

E-mail address:

Name of President:

Name of Secretary/Officer in Charge:

Registration Number: Date of Registration:

BRN:

Declaration

I, the undersigned,
President/Secretary..... declare that the information I
have given are true and complete.

Signature and Seal

Date:

Documents to be submitted:

- | | |
|--|----------------------------|
| 1. Photocopy of Registration Certificate | 3. Recent proof of address |
| 2. Copy of ID of President and Secretary | 4. BR Certificate |

For office use

Recommended/Not recommended
Remarks:

CPD provider registration number:

Date:

