



**DENTAL COUNCIL**  
OF MAURITIUS

**APPLICATION AS INDIVIDUAL CPD PROVIDER**

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

Name: .....

Address: .....

NIC/Passport number: .....

Phone number: ..... Mobile number: .....

E-mail address: .....

Occupation: .....

BRN: .....

**Declaration**

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

Signature ..... Date: .....

Documents to be submitted:

1. Photocopy of National Identity card/Passport
2. Proof of address
3. BR Certificate

**For Office use**

Recommended/Not recommended

Remarks:

CPD provider registration number: ..... Date: .....

