



**DENTAL COUNCIL
OF MAURITIUS**

APPLICATION FORM AS SPEAKER FOR CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
To earn CPD points as speaker.

Date: -----

The Registrar
Dental Council of Mauritius
Office No.8, First Floor,
Nouvelle Usine, Mangalkhan,
FLOREAL

Dear Sir,

Re: Request to participate as a speaker in Dental Continuing Professional Development (CPD) programme

- I am enclosing my biodata for your kind perusal.
- I have read and understood the CPD guidelines for CPD providers/speakers.
- I have no conflict of interest to declare.
- I have the following interest to declare: -----
- As per Section 5(1)(b) of the Dental Council (Continuing Professional Development) Regulations 2016, I will send a detailed abstract.

My fields of expertise are:

1. -----
2. -----

I,declare that:

- (a) all the particulars given above are to my best knowledge and belief true and accurate.
- (b) I am of good character; I have not been convicted of any crime;
- (c) I am not under suspension under the laws of any country for or on account of any negligence or infamous conduct or any professional misconduct or malpractice.
- (d) I have not been struck off the list of persons entitled to practise medicine in any country.

Yours sincerely,

Signature:

Full Name (in block letters): Qualifications:

Dental Council Reg. NO.: Year of Qualification:

Office Use only

Approval: Y/N

Biodata Submitted: Y/N

Date:

Signature:

