

## Clinical reference

Please give this section to your referee(s) who can verify your clinical experience. You may need to give a copy to more than one person to demonstrate that you have met the 1,600-hour requirement.

There are three reference forms in this pack. If you require more forms, please contact the registration team.

### First reference:

Full name of applicant: .....

Full name of referee: .....

GDC registration number (if applicable): .....

Position held: .....

Organisation/university: .....

Department/unit: .....

Address: .....

Post/Zip code: .....

Country: .....

Work telephone number (including STD code): .....

Email address (must include for verification): .....

**Please confirm the applicant's level of clinical experience for the reference you are providing:**

- A** Undergraduate clinical experience
- B** Post-qualification experience
- C** A combination of undergraduate clinical experience and post-qualification experience

Place where clinical experience was gained: .....

Date started: .....

Date completed: .....

Job title/position of the applicant: .....

### Clinical reference continued

**Please describe the clinical experience undertaken by the applicant including the exact number of hours that they personally treated patients in the dental chair.**

Please note that the number of hours of clinical experience **must** be hours the applicant has spent undertaking investigations and administering dental treatment. It **must not** include time observing other dentists or assisting other dentists/dental students in undertaking diagnosis/treatment planning or provision of treatment.

If necessary, please continue on a separate sheet of paper and attach it to this form, indicating that you are referring to the clinical experience requirement.

Number of clinical hours completed: .....

**The information I have provided in respect of (insert applicant's name below):**

..... **is complete, true and correct.**

Name of referee: .....

Signature of referee: ..... Date: .....

***This certificate (reference) is valid for only three months from the date on which it was signed.***

### Clinical reference continued, second referee

If your first referee was unable to verify the required 1,600-hour requirement, please give this form to a second referee for the remaining hours to be completed. A third form is included if you need a third referee to fulfil the requirement.

**Second reference:**

Full name of applicant:.....

Full name of referee:.....

GDC registration number (if applicable): .....

Position held:.....

Organisation/university:.....

Department/unit:.....

Address:.....

.....

Post/Zip code: .....

Country:.....

Work telephone number (including STD code):.....

Email address (must include for verification): \_\_\_\_\_

**Please confirm the applicant's level of clinical experience for the reference you are providing:**

- A** Undergraduate clinical experience
- B** Post-qualification experience
- C** A combination of undergraduate clinical experience and post-qualification experience

Place where clinical experience was gained: \_\_\_\_\_

Date started:.....

Date completed:.....

Job title/position of the applicant:.....

**Clinical reference continued, second referee**

**Please describe the clinical experience undertaken by the applicant including the exact number of hours that they personally treated patients in the dental chair.**

Please note that the number of hours of clinical experience **must** be hours the applicant has spent undertaking investigations and administering dental treatment. It **must not** include time observing other dentists or assisting other dentists/dental students in undertaking diagnosis/treatment planning or provision of treatment.

If necessary, please continue on a separate sheet of paper and attach it to this form, indicating that you are referring to the clinical experience requirement.

Number of clinical hours completed: .....

**The information I have provided in respect of (insert applicant's name below):**

..... **is complete, true and correct.**

Name of referee: .....

Signature of referee: ..... Date: .....

***This certificate (reference) is valid for only three months from the date on which it was signed.***

### Clinical reference continued, third referee

If your first and second referees were unable to verify the required 1,600-hour requirement, please give this form to a third referee for the remaining hours to be completed.

**Third reference:**

Full name of applicant: .....

Full name of referee: .....

GDC registration number (if applicable): .....

Position held: .....

Organisation/university: .....

Department/unit: .....

Address: .....

Post/Zip code: .....

Country: .....

Work telephone number (including STD code): .....

Email address (must include for verification): .....

**Please confirm the applicant's level of clinical experience for the reference you are providing:**

- A** Undergraduate clinical experience
- B** Post-qualification experience
- C** A combination of undergraduate clinical experience and post-qualification experience

Place where clinical experience was gained: .....

Date started: .....

Date completed: .....

Job title/position of the applicant: .....

**Clinical reference continued, third referee**

**Please describe the clinical experience undertaken by the applicant including the exact number of hours that they personally treated patients in the dental chair.**

Please note that the number of hours of clinical experience **must** be hours the applicant has spent undertaking investigations and administering dental treatment. It **must not** include time observing other dentists or assisting other dentists/dental students in undertaking diagnosis/treatment planning or provision of treatment.

If necessary, please continue on a separate sheet of paper and attach it to this form, indicating that you are referring to the clinical experience requirement.

Number of clinical hours completed: .....

**The information I have provided in respect of (insert applicant's name below):**

..... **is complete, true, and correct.**

Name of referee: .....

Signature of referee: ..... Date: .....

***This certificate (reference) is valid for only three months from the date on which it was signed.***