

SUPPLEMENTARY INFORMATION FORM

Impression Taking – Certificate of Competence

Title _____ Forename _____ Surname _____

User ID _____

GDC Registration Number*: _____

CPD (continuing professional development) in
Medical Emergencies and CPR (or equivalent)*: _____ Date undertaken _____

Indemnity Insurance (Personal/Employer/Crown)*

Please indicate if you are named on an indemnity insurance policy and indicate the type of policy

Yes I am named on the policy type indicated below

Personal Indemnity Insurance () Employer Indemnity Insurance ()
Crown Indemnity Insurance ()

Policy Number and provider:

No, I am not covered by any Indemnity Insurance () (NOTE, if this option is ticked your application will be rejected)

****please note that without these requirements your application will be rejected.***

Delegate Signature: _____ Date: _____

Employing/Supervising Dentist

Name: _____ GDC Registration No: _____

Signed declaration from a GDC registrant who is competent in impression taking and who is willing to mentor you throughout the requirement of ten case studies (if you are only attending the study day and not intending to undertake the case studies, you do not need to complete this section):

Qualifications: _____

I agree to supervise and mentor the dental nurse named above who is applying for the Extended Duty Dental Nurse Impression Competence Training Course.

I Confirm I will support him/her throughout the practical competence requirements and the completion of the case studies.

Dentist Signature: _____ Date: _____

Your GDC registration may be at risk if you wittingly make a false statement which you know to be untrue

**Please return to: Dental Admin Team, Health Education Yorkshire and the
Humber, Willow Terrace Road, Leeds, LS9 2JT**