

## APPLICATION FORM FOR NEBDN Accredited Oral Health Educators Certificate

**Title** \_\_\_\_\_ **Forename** \_\_\_\_\_ **Surname** \_\_\_\_\_  
**User ID** \_\_\_\_\_

- This course has six sessions over a six month period. Full attendance at all six is expected from all those delegates given a place on this course
- It is vital that considerable commitment and home-study is allowed for by the delegate to successfully complete this course.
- Please note that because of the amount of home study required, we will not accept delegates on more than one NEBDN course at any one time
- As the tutored sessions are undertaken in a hotel setting it is expected that the clinical aspects are practiced in the dental surgery environment under the supervision of the mentoring clinician. Dental Nurses must have the support of a Dentist who will act as a mentor throughout this course and qualification

**I undertake to commit the time and effort to demonstrate my competence by: attending all sessions, recording my practice, completing my case studies and working in co-operation with my tutor, mentor and employer.**

**Delegate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Employing/Supervising Dentist

**Name:** \_\_\_\_\_ **GDC Registration No:** \_\_\_\_\_

**Qualifications:** \_\_\_\_\_

I agree to supervise and mentor the dental nurse named above who is applying for the NEBDN Oral Health Educators Course.

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

**Dentist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to:**

Dental Admin Team, Health Education England, Willow Terrace Road, University of Leeds, Leeds, LS2 9JT