



**APPLICATION FORM FOR CPD PROVIDERS**

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To  
The Registrar,  
DENTAL COUNCIL OF MAURITIUS  
One Way Floreal Road  
Cite Mangalkhan  
FLOREAL

Dear Sir,

**Re: Request for approval by the Dental Council to provide CPD courses or training programmes for dental surgeons and/or dental specialists**

Kindly refer to the Press Communique dated August 10, 2016.

This is to inform you that \_\_\_\_\_ regularly conducts  
(name of institution/association/person)  
CPD programmes/training programmes for dental surgeons and/or dental specialists.

I/we understand that the CPD for the dental profession has become mandatory as from August 01, 2016 and that only those dental practitioners who accumulate a minimum of 12 credit points in a year will have their names included in the annual List of the Dental Council and that the number of credit points for the period August 01 to December 31, 2016 will be only 5 points.

I/We have to further inform you that I/we am/are agreeable to adopt the guidelines for CPD providers issued by the Dental Council of Mauritius.

I/we am/are therefore submitting my/our application to the Dental Council of Mauritius to be considered as a CPD provider for the period August 01, 2016 to July 31, 2019.

I/we have taken note of the Dental Council (Continuing Professional Development) Regulation 2016 in the website of the DCM.

Thanking you.

Yours faithfully,

Name of Signatory: \_\_\_\_\_