

TRI-COLLEGIATE DIPLOMA OF MEMBERSHIP IN SPECIAL CARE DENTISTRY

DECLARATION FORM - CLINICAL CASE PRESENTATION

This form should be completed and placed in an envelope with all the other forms relating to the clinical case presentation.

The envelope should then be handed to the Examination Section which receives the clinical case presentation.

Date of examination

Candidate name

Candidate date of birth

Patient's initials and age

I certify that the treatment for the named patient was carried out by the Candidate during the period of their training.

Supervisor name

Supervisor signature

Date

Stamp of training institution or hospital (if available):

I confirm that I have not plagiarised from any source.

Candidate name

Candidate signature

Date