

WITNESS STATUS LIST

Candidate Name: Course Provider Centre No.....

The details of all supervising dentists or DCPs (who must hold an appropriate NEBDN Sedation Qualification) who have acted as witnesses in this Record of Competence are to be included on this witness status list. Witnesses must be current registered healthcare professionals with appropriate qualifications and experience. The **course tutor** is required to sign next to each witness to confirm they have been checked against the relevant register and that they are current registrants. Where registration cannot be confirmed online the candidate must include a copy of a current registration certificate for that witness. Please ensure that all the details below are completed.

On signing this form you are declaring that you have read and understand you obligations relating to the professional registration statement overleaf.

Name and contact address	Qualification(s)	Registering body	Reg No	Status *	Signature	Date	Confirmation of registration (TUTOR to Sign)

e.g. Partners, Associates, DCP's, Community Dental Officer

NB Your professional registration may be at risk if you knowingly make a false declaration

Sampled by internal moderator (Sign)