|  |  |
| --- | --- |
| Certification for employment as a dentist for at least two years full-time, including at least one year  (1440 hours) of pediatric dentistry | |
|  |  |
| As a supervision dentist I endorse with my signature and stamp the duration of the following employment.  I am aware that this certification is the basis for the Danish Health Authorities´ decision on recruitment for the postgraduate training in orthodontics. See. § 4 pcs. 3 of the Danish Decree on the training of specialized dentistry (BEK 1020 of 26/08/2010). | |
|  |  |
| NAME OF APPLICANT DENTIST**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **National authorisations ID and country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  |  |
| **Have been employed in:**  **\_Pediatric dentistry**  **During the period from:\_\_\_\_\_\_\_\_\_\_**  **to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total\_\_\_\_\_months with a total hours of:** | |
| **\_ Adult dentistry** |  |
| **During the period from:\_\_\_\_\_\_\_\_\_\_**  **To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  |  |
| **Total\_\_\_\_\_Months with a total hours of:** |  |
|  |  |
| **Supervising dentist:** | |  |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Clinic address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **National authorisations ID and Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
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Date and signature from supervising dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp

If this certificate are signed by a dentist outside Denmark, a copy of his/her certificate of authorisation to practice issued by the health authorities, has to be attached.

**Please send this certificate to:**

Section for Orthodontics  
Dpt. of Dentistry and Oral Health, Aarhus University   
Att.: Section secretary Trine Zederkof Jønsson  
Vennelyst Boulevard 9, DK-8000 Aarhus C