|  |
| --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |
|  |
|  |
|  |

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