

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 CAMILLA BONNEVIE

VENNELYST BOULEVARD 9, DK-8000 AARHUS C