

TRICOLLEGIATE DIPLOMA OF MEMBERSHIP IN PAEDIATRIC DENTISTRY

APPENDIX D

**CLINICAL CASE PRESENTATION – CLINICAL SUPERVISOR AND CANDIDATE
DECLARATION FORM**

A signed consent and declaration must be completed and placed in an envelope for each case presentation. The envelope should then be submitted to the administering College along with to the administering College along the cases which should be submitted on either a CD or USB stick.

Date of examination:

Candidate's name (print):

Candidate's date of birth:

Patient's initials and age at start of treatment:

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

Supervisor's name (print):

Supervisor's signature:.....

Date:

Training institution or hospital stamp (if available):

I confirm that I have not plagiarised from any source.

Candidate's name:.....

Candidate's signature:.....

Date: