

OMFS LETTER OF ELIGIBILITY PROFORMA

Dentist Assessment Team | GDC | 1 Colmore Square | Birmingham B4 6AJ
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PLEASE FILL IN THIS PROFORMA USING BLOCK LETTERS

(Dr Mr Miss Ms Forename _____ Surname _____ | DOB | _____
Mrs)
Address _____

City/County _____ Postcode _____
Email _____ Telephone _____

GMC number or EU registration number to identify the applicant: _____

Details of qualification: _____

Awarding Body: _____

Year the qualification: _____

Please provide relevant supporting documents as listed in the guidance accompanied by this proforma to the GDC address above. Please ensure the GDC's guidelines for certifying and translating documents are met. Incomplete proformas will be returned

Disclaimer: the letter that will be issued is only valid at the point of issue and for the purposes of entering OMFS Training or the awarding of a Certificate of Completion of Training in OMFS. It does not guarantee future recognition of your qualification by the GDC.

Signature: _____ Date: _____