

Form to request a Certificate of Current Professional Status (Previously known as a Certificate of Good Standing)

You can type directly onto this form, but you must sign the declaration with a wet signature i.e. signed in pen by hand. If completing this form by hand, please use BLOCK CAPITALS.

Your details

Title: Registration number:

First name: Last name:

Phone: Email:

Where to send the Certificate of Current Professional Status

Please note that a Certificate of Current Professional Status (CCPS) is issued for the purposes of registration as a dental professional in another country. It is sent directly to the regulatory body named by you, and copied to you.

Please provide the full name and address of the regulatory body that you want the CCPS sent to below (we cannot issue it without this information).

Name of regulatory body:

Address:

.....

Country: Postcode:

Do you need a copy sent by email (we can only send directly to a caseworker)?

Yes No

If yes, please provide the email address for your caseworker (not a generic email account):

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Data protection statement

Under the [UK General Data Protection Regulation](#) and data protection law, the GDC processes personal data, like the information this form, because it is necessary in the exercise of our statutory functions and is in the public interest.

Information about how the GDC will use, share, and store the information you give us, your rights in connection to the personal data we hold about you, and how long we will keep your information, can be found in our [Privacy Notice](#).

Declaration

Please sign below to confirm the following:

1. I acknowledge that the CCPS will contain the following information: full registered name, gender, nationality, registration type, registration number, registered qualifications, registered address, all relevant dental care professional titles (dental care professionals only), registered specialties (dentists only), and registration status.
2. I understand that the GDC will disclose the above information to the regulatory body named above.
3. I understand that the GDC will disclose information relating to my registration as a dental professional and my fitness to practise to the regulatory body named above.

Signature: Date:

Send the completed form to:

Registration support team
General Dental Council
1 Colmore Square
Birmingham
B4 6AJ

Or scan and send by email to:

registrationsupport@gdc-uk.org