Application for a specialist license for dentists

Specialist license outside the EEA or Switzerland

|  |
| --- |
| * **Fill in the application form electronically, then print the document and sign it.** Only applications which have been completed electronically and have been signed are accepted.
* **Required documents**. All documents must be submitted as certified copies or as originals. Applications are only accepted if all required documents have been submitted. Please send only the required documents. If further documents are needed, they will be requested.
* **Language.** All documents must be in Icelandic or English. If the original documents are in another language, they must be translated by a certified translator, and the translations, along with the original documents, must accompany the application.
* **Submitting the application.** Applications with supporting documents can be handed in at the Directorate of Health’s reception or sent by post. Applications are not accepted via e-mail.
 |

A list of recognized specialties in Iceland can be found in article 7 in [regulation of dentists](https://www.government.is/publications/legislation/lex/2014/02/24/Regulation-on-the-education-rights-and-obligations-of-dentists-and-criteria-for-granting-of-licences-and-specialist-licences-No.-1121-2012/).

The application will be sent for an assessment to evaluate whether the applicant's education meets the requirements for a specialist license before a license is granted.

In order to obtain a specialist license, the applicant must have a valid license as a dentist in Iceland.

|  |
| --- |
| **Applicant** |
| **Name:**       | **Icelandic ID-number:**      |
| **E-mail:**      | **Phone number:**       |
| **Country of residence:**      | **Nationality:**      |

|  |
| --- |
| **Education** |
| **Educational institution:**       | **Country**:      |
| **Study started:**      | **Study finished:**       |

|  |
| --- |
| **Specialty** |
| **Name of specialty:**      |

|  |
| --- |
| **Required documents** |
| [ ]  **Copy of your diploma** with name and date of birth.[ ]  **Copy of specialist license.**[ ]  **A letter of good standing** from a competent authority confirming that your specialist licence has not been suspended or revoked and that the licence is valid and unrestricted. The Letter of Good Standing can not be more than three months old when received by the Directorate of Health.[ ]  **A description**/core competency on the specialist training from an accredited educational institution with a description of the specialist studies and the training of the dentist along with information on the time length of the period of the specialist training.[ ]  **Dissertation** on a subject pertaining to his/her specialist field, demonstrating knowledge of scientific methodologies and ability to use academic publications.[ ]  **An applicant for a specialist licence in a specialist clinical field** shall submit six medical records for cases he himself/she herself has worked on, demonstrating the widest knowledge of resolving clinical problems. The medical records should be supported by all the relevant documents necessary for the evaluation, diagnosis and treatment of the relevant problems or disease.[ ]  **An applicant for a specialist licence in public health dentistry** shall submit two scholarly papers published by a recognised specialist publication, or have completed a master’s degree or doctorate in public health dentistry[ ]  **Confirmed employment certificate**. With job description, main tasks and the duration of the job. This is not mandatory but can be helpful. |

|  |
| --- |
| **Additional documents if the applicant has citizenship outside the EEA or Switzerland** |
| [ ]  **Copy of passport.**[ ]  **Work- and residence permit** in Iceland or **employment contract** within the Icelandic Health Service. |

|  |
| --- |
| **Registration of supporting documents** |
| * Number and separate supporting documents with an A4 sheet, indicating the document's number and name.
* Only applications where supporting documents have been registered and numbered are accepted.
* The supporting documents should not be bound, stapled or in a folder.
* Please send only the required documents. If further documents are needed, they will be requested.

Number and names of supporting documents1.
2.
3.
4.
5.
6.
7.
8.
 |

|  |
| --- |
| **Payment arrangements** |
| [ ]  I have an Icelandic bank account and would like to request an online payment slip.[ ]  I wish to pay through a foreign bank (IBAN). |

|  |
| --- |
| **Signature** |
| **Date and place**      |
| **Signature** |