



APPLICATION FORM TO PARTICIPATE IN ORAL HEALTH COMMUNITY SERVICE PROGRAMME

Name of Practitioner :

MDC Number :

Name of Programme :

Date :

Time :

Venue :

Target Group :

List of activities :

(Please include the list of activities & Standard Operating Procedures for the relevant treatment)

Name of Organizer :

Address of Organizer :

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Phone & email :

Signature of Applicant:

.....

Name:

Date:

Notes:

1. This application must reach the Malaysian Dental Council at least **three (3) weeks** prior to the commencement of the activity. Please include an invitation letter from the organizer.
2. Please refer to the Guidelines to Participate in Oral Health Community Service Programme for more information.
3. Applicants are required to complete the [Google Form](#) through this link and upload this form as part of the application submission.