APPENDIX D: CLINICAL ATTACHMENT FACILITY APPLICATION FORM FOR SPECIALTY ENHANCEMENT ATTACHMENT PROGRAMME (SEAP)

INFORMATION OF FACILITY	
Name of facility: (in CAPITAL LETTER) – as stated on the certificate/license:	
Address of facility:	
Tel No	
Mobile No	
E-mail	
Type of facility:	☐ Private Dental Specialist Facility/Clinic
	☐ Institute of Higher Education
Registration Number (as stated in Registration 'Perakuan Pendaftaran') or Licence number and expiry date:	
Date of establishment:	
Name of Certificate/License Holder:	
MDC Registration No for Certificate/License Holder (if a dental surgeon):	
Name of person in charge (PIC):	

MDC Registration No of PIC:

Select and tick the specialty services provided at this facility:

- ☐ Dental Public Health
- ☐ Endodontics
- ☐ Forensic Odontology
- ☐ Oral and Maxillofacial Radiology
- ☐ Oral and Maxillofacial Surgery
- ☐ Oral Pathology and Oral Medicine
- ☐ Orthodontics
- ☐ Paediatric Dentistry
- ☐ Periodontics
- ☐ Prosthodontics
- ☐ Restorative Dentistry
- ☐ Special Care Dentistry

DETAILS OF FACILITY

Total number of functional dental chairs:

Functional radiographic facilities:

Type of imaging	Tick (√) where appropriate	Licence No	Duration of Licence	
			Start date	Expiry date
Intra Oral				
DPT				
CBCT				
Others (State)				

General: (tick where applicable)

- ☐ Provide sufficient workload and a spectrum of cases for adequate exposure for specialist practice as per Appendix B
- ☐ Surgery - Minimum of two (2) operational dental units/chairs
- ☐ Dedicated sterilising area

Specific:

The facility fulfils the requirement for the specific specialty (refer to Appendix A of the Specialist Enhancement Attachment Programme (SEAP) for the Purpose of Specialist Registration/Recognition.

Tick the following:

- ☐ Dental Public Health
- ☐ Endodontics
- ☐ Forensic Odontology
- ☐ Oral and Maxillofacial Radiology
- ☐ Oral and Maxillofacial Surgery
- ☐ Oral Pathology and Oral Medicine
- ☐ Orthodontics
- ☐ Paediatric Dentistry
- ☐ Periodontics
- ☐ Prosthodontics
- ☐ Restorative Dentistry
- ☐ Special Care Dentistry

NOMINATION OF MENTOR

- **Please ensure that the nominated mentor meets the criteria set out in the Specialist Enhancement Attachment Programme (SEAP) for the Purpose of Specialist Registration/Recognition.**
- **Please ensure that at least one mentor is nominated.**
- **Please submit an attachment if there is not enough mentor nomination space.**

1.	Name of specialist: MDC Registration No : MDC Specialist Registration No : Specialty: Duration of working experience as a specialist in Malaysia: Duration of working in the applied facility as a specialist:
2.	Name of specialist: MDC Registration No : MDC Specialist Registration No : Specialty: Duration of working experience as a specialist in Malaysia: Duration of working in the applied facility as a specialist:

SUPPORTING DOCUMENTS

☐ Copy of certificate / license of the facility

☐ Copy of *Sijil Perlesenan Tenaga Atom*

DECLARATION

(*completed by Certificate/License Holder or the PIC of the facility ONLY)

I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein is true. To the best of my knowledge and belief, I have not concealed any material fact.

I authorize the Malaysian Dental Council to contact any dental practitioner, person and authority should the Council decide to do so. By submitting this application, I acknowledge and consent to the inspection of the facility by Authorised Officers/ Health Inspector for verification purposes under the purview of the Dental Specialist Evaluation Committee (DSEC).

Signature:

Name :

Date :

For Office Use

<table>
<tr><td>Date of application received by MDC:</td><td colspan="2"></td></tr>
<tr><td>Review and comments by MDC Secretariat:</td><td colspan="2"></td></tr>
<tr><td>Date of verification inspection:</td><td colspan="2"></td></tr>
<tr><td>Comments and confirmation of inspection:</td><td colspan="2"></td></tr>
<tr><td>Inspector’s Signature
Name:
Date:</td><td>Panel Chairman:

Name:
Date:</td><td>Inspector:
(if applicable)

Name:
Date:</td></tr>
<tr><td>Recommendation by Dental Specialists’ Evaluation Committee (DSEC)</td><td colspan="2">☐ Recommended ☐ Not recommended

Additional comments (if any):

Signature:
Date:</td></tr>
<tr><td>Decision by Dental Registrar, Malaysian Dental Council</td><td colspan="2">☐ Approved ☐ Not Approved

Signature
Date:</td></tr>
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