

**National Health Service  
Certification of Attendance/Application for  
Continuing Professional Development Allowance**

**PART 1 PARTICULARS OF DENTIST**

Surname \_\_\_\_\_ Title \_\_\_\_\_ Other Names (in full) \_\_\_\_\_  
 Health Board \_\_\_\_\_ List Number \_\_\_\_\_ GDC Number \_\_\_\_\_  
*(Where majority of services undertaken)*  
 Home Address \_\_\_\_\_ Practice Address \_\_\_\_\_

**PART 2 PARTICULARS OF COURSE**

Name of Centre (venue) Braehead Arena, Glasgow Title of course Scottish Dental Show 2018  
 Length of course from \_\_\_\_\_ to \_\_\_\_\_ No of sessions Up to 4 No of verifiable CPD hours up to 11

**This course meets the educational criteria set by the General Dental Council for the purpose of Recertification. Aims and expected learning outcomes are available from the Postgraduate Centre.**

**PART 3 CERTIFICATION OF ATTENDANCE**

I certify that the dentist attended this course and was present for:

\_\_\_\_\_ session(s), \_\_\_\_\_ verifiable CPD hours.

Signature *Abelony* Date 28/04/2018

Glasgow Dental Education Centre  
 378 Sauchiehall Street  
 Glasgow G2 3JZ  
 0141 211 9869

**PART 4 CLAIM**

The total percentage of my **gross personal** dental earnings, as set out in Determination VII of the Statement of Dental Remuneration, attributable to work in the General Dental Service during the last complete practice financial year was:

\_\_\_\_\_ %  
 Amount claimed: No of sessions claimed  .   
 Total £  .   
 abatement to be applied to above total  %  
 CDPA claimed £  .

**Full details of claims and allowance can be accessed in the current Statement of Dental Remuneration.**

I am a remote island/mainland dentist (*delete as appropriate*), as described in Determination VII of the Statement of Dental Remuneration, and claim the following additional sessions in respect of this course:

Amount claimed: No of sessions claimed  .   
 Total £  .   
 abatement to be applied to above total  %  
 Additional CDPA claimed £  .

**PART 5 DECLARATION**

I declare that the information I have provided on this form is correct and complete and I understand that if it is not, action may be taken against me. I understand that the NHS National Services Scotland may request an Accountant's Certificate to confirm the figure provided in respect of any past year gross earnings attributable to work in the General Dental Services and that I must provide it at my own expense within 3 months of the request being made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN ORIGINAL COMPLETED FORM TO PRACTITIONER SERVICES, DENTAL PAYMENTS TEAM, GYLE SQUARE, 1 SOUTH GYLE CRESCENT, EDINBURGH, EH12 9EB AND RETAIN A COPY FOR YOUR OWN RECORDS.**