



The Scientific Council of the Israel Dental Association

Date:

M.M.C. 23891

Application for Approval of an Overseas Specialist qualification

Notes for completing the application form for approval of an overseas specialist qualification

All sections of the form must be completed; type your responses carefully and without erasures.

Unless otherwise stated on the form, the required original documents must be attached to the form with a Hebrew translation.

The translation must be legally verified as faithful to the original by an Israeli notary.

If the form requires only a photocopy of a document, the photocopy must be legally verified as faithful to the original by an Israeli notary.

Original documents will be returned to the applicant after being checked by the Secretariat of the Scientific Council.

Please note: neither completion of this application nor its acceptance by the Secretariat of the Scientific Council nor payment of the handling and checking fee confirms, even indirectly, that the applicant has met any of the criteria for obtaining the specialist qualification or taking the exams, and nothing in the checking of his case and the documents and details required, or in any correspondence there may be with any institutions of the Scientific Council regarding the checking of this application, amounts to confirmation of any eligibility whatsoever, even if all required documents and details are submitted. The handling fee will not be refunded even if the application is rejected.

The application is submitted to the professional committee

To for recognition of a specialist qualification in the field of
that I received in (country).

File opened on (date).

A. Identifying details

1. Surname Forename Title
2. Home address:
3. Home telephone: Mobile telephone
4. Email address:
5. Place of birth: Date of birth:
6. Citizenship:
7. ID number:

Please attach a photocopy of your ID document.

8. Passport number:

9. Name of employer/ place of work:
10. Address of employer/ place of work:
11. Member of the IDA: Yes / No
12. Date dentistry studies completed:
13. Name of university where you completed your dentistry studies:
14. Name of city and country where you completed your dentistry studies:
15. License number from the Israeli Ministry of Health to practice dentistry in Israel:

Please attach a photocopy of your diploma.

Please attach a photocopy of your license. In the case of a temporary permit, attach all temporary permits and an explanation, supported by documents, why you have not received a permanent license.

Issue date of license to practice dentistry in Israel:

16. License number in the country where you qualified as a specialist:

Place of issue of license:

Country in which you completed your studies:

Please attach a photocopy of the license.

B. Specialization studies

Please note:

- a. Pursuant to the procedures of the Scientific Council, the professional committee will only consider a specialist qualification granted by an authorized national body in a country which has an official arrangement for specialization in dentistry, which also specifically includes the applicant's field of specialization, and which has a permanent arrangement and institutional supervision of courses of study in the specialization and the grant of qualifications according to official procedures, that have been shown to the professional committee to its satisfaction.
- b. The applicant must show an original (or notarized verified photocopy) of an official qualification granted by an authorized national body in the country where he obtained his specialist qualification.
- c. The specialist qualification must only be from a medical institution that has been accredited for the purpose of specialization in that field by the national body that regulates specialization in that country according to reasonable, known and clear criteria, and which is subject to regular review and inspection by that national body throughout the specialization process according to official procedures.

1. Field of specialization:
2. Date of completing specialization studies:

Please attach a photocopy of the diploma or confirmation of completing the specialization.

3. In the country in which it was granted, is the specialist qualification given by a national body? If so, which? Please attach official documentation.
4. In the country in which the qualification was granted, is there an official arrangement for obtaining specialist qualification or using a specialist qualification in dentistry, which specifically includes your field of specialization? Please attach documentation and details.
5. In the country in which the qualification was granted, is there a permanent arrangement and institutional supervision of specialist courses of study and the grant of qualifications according to official procedures? If so, please give details and show documentation of the arrangement and procedures used in that country for this purpose.
6. In the country in which the qualification was granted, is there an arrangement for accreditation from a national body for medical institutions which provide internships and national supervision of their activity? If so, please give details and show documentation of the arrangement and procedures used in that country for this purpose, and the criteria for this accreditation.
7. Name of the university/ institution in which you received/ completed your specialist training:
8. Name of the city and country in which you received/ completed your specialist training:
9. Specialist certificate/ license number from the Ministry of Health or other national body in the country in which you received/ completed your specialist training:
10. Body that issued the certificate/ license:
Please attach a photocopy of the license.
11. Date and place of issue of specialist certificate in the country where you received/ completed your specialist training:
12. Was your specialist license/ qualification/ certificate revoked or suspended at any time? If so, please attach details and documentation.
13. Did you ever begin or complete a course of studies in any field of specialization in dentistry in Israel (even if you did not complete it) and/or in another country (apart from the country for which the application is submitted)? If so, please attach details and documentation.
14. Date of starting specialization overseas: Date of completion:
Number of months of specialization:
15. Were the specialist studies done continuously? Yes/ No. If the answer is yes, please show relevant documents from the institution issuing the qualification. If the answer is no, or if at any time you stopped your specialist studies for more than a week, you must provide details and documentation, plus an explanation for the reason for the break.
16. Please attach a detailed syllabus of the specialization studies. All documents must be suitably confirmed and legally signed by the relevant institution, with a translation into Hebrew or English, confirmed by a qualified notary.

The attached syllabus must include the following:

- Academic subjects of study, plus the hours devoted to each subject.
- Clinical subjects of study, with full details of the procedures and/or clinical requirements by case, as required by the institution of specialist training.
- Number of hours spent on your training each week.
- List of mandatory professional literature for your course.
- Grades transcripts for the whole period of training from the institution where you did your specialist training.
- Did you do any rotations? If so, in which department, for how long, and for how many hours per week?

Applicants for recognition of a mouth and jaw surgery qualification must also attach:

- *Copies of reports of surgeries in which you participated and details of the part you played in the surgery.*
- *A copy of the certificate confirming completion of an Advanced Trauma Life Support (ATLS) course.*
- *Basic sciences thesis, signed and stamped by the advisor.*
- *If you have other qualifications, such as MD, MSc, PhD, etc., attach proof.*
- *Attach a signed document confirming your number of duty rosters per month.*
- *Attach signed and confirmed details of your clinical activity (including type and number of surgical procedures you performed).*
- *Attach signed and confirmed details of the Journal Club and departmental seminars that you attended and submitted.*
- *Attach signed and confirmed details of sessions on X-ray, pathology, orthosurgery, pre-surgical and other meetings.*

Applicants for recognition of an orthodontics qualification must attach:

- *Signed and confirmed details of: number of patients, broken down into types of malocclusions, types of treatment and instruments used, new actives, transfers, retentions.*

Applicants for recognition of a pediatric dentistry qualification must attach:

- *Signed and confirmed details of: number of children treated under general anesthetic, number of children treated under sedation, number of special needs children you treated.*

C. Curriculum Vitae

Please attach a detailed resume.

D. Comments:

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E. References

1. Name of reference:
 Job title/ position: Connection to applicant:
 Address:
 Telephone number: Email address:
2. Name of reference:
 Job title/ position: Connection to applicant:
 Address:
 Telephone number: Email address:
3. Name of reference:
 Job title/ position: Connection to applicant:
 Address:
 Telephone number: Email address:

Please attach letters of recommendation from your references.

- F. Documents sent to the Scientific Council offices must be accompanied by 2 passport photos.
- G. Documents sent to the Scientific Council offices must be accompanied by a payment of NIS 1,120 – if the applicant is a member of the Israel Dental Association, or a payment of NIS 3,360 if the applicant is not a member of the Israel Dental Association, as a fee for handling and checking the application. It is clarified that this payment will not be refunded, irrespective of the outcome of the application.

Confirmation and declaration

I hereby declare and confirm that I have been given a copy of the Procedure for Applying for Recognition of a Specialist Qualification for Holders of a Specialist Qualification from Outside Israel from the Scientific Council, that I have studied this procedure and understand its provisions, and that I will act according to those provisions. I hereby declare and confirm that all the details I have given in this form and all the documents that I have submitted or shall submit to the Scientific Council in the framework of this application and its checking are correct, complete, and true copies of the originals. I also declare and confirm, after reading this procedure, that I neither have nor know of any obstacle to the approval of my specialist qualification, and I comply with all the requirements of the relevant legislation and the aforesaid procedure for the purposes of my application and its examination. I hereby undertake that if any further information or material relevant to my application and not already attached thereto comes to my knowledge, I will send it without delay to the Secretariat of the Scientific Council.

Date:

Applicant's signature:

H. For Office Use

1. The file has been checked and contains all required documents: Yes/ No
2. Missing documents:

3. The sum of NIS _____ has been deposited for payment of the fee to open the file.
Receipt no. issued.
4. File sent to the Committee for discussion on

I. Discussion by the Professional Committee

1. The file was checked on
 2. The following documents/ consultations are required:
.....
 3. The Committee's decision:
.....
 4. Signature of the Committee Chairman:
 5. Signature of the Chairman of the Scientific Council:
- Suitable notification was sent to the applicant on