



IRISH SOCIETY OF CONSCIOUS SEDATION IN DENTISTRY

Membership Application Form

PERSONAL DETAILS

Forename:

Surname:

Irish Dental Council Reg. No.:

Address for correspondence :

Dental Practice Address (to be displayed on the
ISCS D Website):

Email address:

Contact Telephone Numbers: Mobile:

Other:

ELIGIBILITY FOR MEMBERSHIP

Please complete A and B regarding qualifications obtained to date and attach a copy of the certificates received with this application form.

A. Undergraduate Qualification:

Place of study:

B. (i) Postgraduate Qualification in Conscious Sedation in Dentistry:

Place of study:

OR

B. (ii) Equivalent postgraduate qualification: (Eg. Courses attended, number of cases treated, type of sedation provided etc.)

Note: A logbook of experience must be available on request.

ASSOCIATE MEMBERSHIP APPLICATION

Applies to those enrolled in a training programme and is subject to approval by the council of the ISCS D.

Current place of study and course undertaken:

PAYMENT (Cash/Cheque only)

Membership fee enclosed: €50

Associate Membership fee enclosed: €30