

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

GP 214

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

Venue: RCPS Glasgow Title: What's New at the GDC, Complaints handling and record keeping.
 From: 1815-2115 No of sessions: 1 No of verifiable CPD hours: 2.5

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:
 1 session(s), 2.5 verifiable CPD hours.

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

Signature  Date: 16 November 2016

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 %
CPDA 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 %
CPDA 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 AND RETAIN A COPY FOR YOUR OWN RECORDS.