

## Declaration for Dental Privileges Application - Case Submission

Please confirm the statements below:

- I, the undersigned, certify that all cases submitted for my privileges application have been recently treated and prepared by myself, and are neither forged nor copied from other sources.
- I understand that I will be liable to certain penalties if I fail to comply with the obligation to declare or provide complete and accurate information. I understand that any approval resulting from this application will be rendered void if I have made any false or misleading representations or declarations in this application, whether by error or omission.
- I confirm that the cases submitted in this application were performed by me:
  - Inside Qatar
  - Outside Qatar
- I undertake not to perform any procedure(s) prior to receiving official approval from the Department of Healthcare Professions (DHP) and not to perform any procedure(s) that have not been approved by the DHP.

Name of Applicant: .....

Mobile No: .....

Email: .....

Date: .....

Signature: .....

### For Official Use Only

Comment:  
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Date

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Signature