



**MINISTRY OF HEALTH
MEDICAL LICENSING DEPARTMENT**

Request for the License to practice a Dentistry Profession in the State of Kuwait, according to the Law No. 25 of the year 1981.

Full Name of the Candidate :.....
Place and Date of Birth :.....Sex:.....
Nationality :.....
Permanent Address in Country of Origin :.....Tel:.....
Permanent Address in Kuwait :.....Tel:.....
Place of work in Kuwait :.....
Title of Profession :.....

Scientific Qualification (Place and Date of Issue)

1.....
2.....

Experience

1.....
2.....

Have you ever been employed in Kuwait? If "Yes" mention Place & Date

.....
.....

Other Documents to be presented :.....
.....

Here by I am requesting to issue for me a license to practice the profession of **Dentistry** in the State of Kuwait, according to the Law No. **25** of the year **1981** and I declare that all the above mentioned documents are correct and true. I also approve on accepting all the Laws which is mentioned and whether there is a new rules which concerned with this subject and paying all the fees implemented.

Date :.....
Signature:.....

Form No. 2 - Dentist

