

**DECLARATION OF % OF TOTAL EARNINGS ATTRIBUTABLE TO NHS EARNINGS**

Full details of reimbursement of practice rental costs are set out in Determination XV of the Statement of Dental Remuneration. Please read this Determination before you fill in this form.

**PART 1 PERSONAL DETAILS OF THE DESIGNATED CONTRACTOR**

(If you work in more than one dental practice, you will need to complete a form for each practice where you are the designated contractor)

Designated contractor's Name/Surname

Forename (where contractor is a dentist)

Address of practice in respect of which the claim is being made

Postcode

Designated contractor's list number for this practice

**PART 2 DECLARATION OF DESIGNATED CONTRACTOR**

As the designated contractor in this practice, I hereby declare that  % of the practice's total earnings in the most recent practice financial year ending  -  /  -  was attributable to NHS earnings.

- I declare that the percentage of the practice's total earnings in the most recent practice financial year, as stated above, that are attributable to NHS earnings **has not** changed since the previous practice financial year, **therefore no requirement for Part 3 to be completed.**
- I declare that the percentage of the practice's total earnings in the most recent practice financial year, as stated above, that are attributable to NHS earnings **has** changed since the previous practice financial year. The certificate in Part 3 below, signed by the practice's accountant, certifies the portion that the practice's NHS earnings bore to total earnings in the most recent complete practice financial year. **It is therefore mandatory for Part 3 to be completed by your accountant to validate the change in percentage to be applied.**

- I am:
- The rent payer or practice owner.
  - A partner in a partnership of dentists which is the rent payer or the practice owner.
  - A Director of a body corporate which is the rent payer or the practice owner.

I understand that the information on this form may be used for the purposes of detection and prevention of fraud, calculation of payments and for statistical purposes.

Signature of Designated Contractor \_\_\_\_\_ Date  -  -

**PART 3 TO BE COMPLETED BY ACCOUNTANT (only where there has been a change in percentage since the previous year)**

I certify that the proportion of the practice's total earnings attributable to NHS earnings for the most recent complete practice financial year ending  -  /  -  , indicated in the declarations above, is correct and that I will provide supporting evidence if requested.

Accountancy Practice Stamp

Accountant's signature \_\_\_\_\_ Date  -  -