

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 - -