

**Certification of Attendance / Application for Continuing  
Professional Development Allowance (GP214)  
AND**

**Continuing Professional Development Allowance in relation to  
ENHANCED PRACTITIONER TRAINING AND MENTORING IN  
DOMICILIARY CARE GP214 (ESD)**

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**PART 1: PARTICULARS OF DENTIST**

1. \*Forename

2. \*Surname

3. \*Home Address

4. \*Town

5. \*Postcode

6. \*List Number

(This must be five digits)

7. \*GDC Number

(This can be less than/ equal to six digits)

8. \*Practice  
Address

9. \*Town

10. \*Post Code

11. \*HealthBoard  
(Where majority of services  
were undertaken)

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**PART 2: PARTICULARS OF COURSE**

12. \*Name of Centre (Venue)

13. \*Name of Course

14. \*Length of Course: **From**

**\*To**

15. \*Number of Sessions

16. \*No. of Verifiable CPD Hours

**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.**

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### PART 3: CERTIFICATION OF ATTENDANCE

I certify that I attended this course and was present for:

No. of sessions

Verifiable CPD Hours

Name

Date

Please ensure this information is correct as this will be verified with the course organiser.

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### 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:                      % (for Non-domiciliary claims only)

Amount Claimed:              Number of Sessions Claimed

Total Amount

Abatement to be applied to Total Amount                      % (for Non-domiciliary claims only)

CPDA Amount CLAIMED

Full details of Claims and Allowances can be accessed in Statement of Dental Remuneration

I am a remote Island      / Mainland      / Not a remote dentist      as described in Determination VII of Statement of Dental Remuneration and claim the following additional sessions in respect of this course:

Amount Claimed:              Number of Sessions Claimed

Total Amount

Abatement to be applied to Total Amount                      % (for Non-domiciliary claims only)

Additional CPDA Amount CLAIMED

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### PART 5: DECLARATION

I understand that NHS National Services Scotland may request an Accountant's Certificate to confirm the figure provided in respect of any past year's 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.

I agree that all the information I have provided is correct and completed to the best of my knowledge and understand that if I knowingly give wrong/or incomplete information that results in a payment being made, this may be subject to court proceedings. I understand that NSS may use this information to assure accurate payments and for the prevention and detection of fraud and share it with other bodies responsible for auditing or administering public funds. Further information is available at:

[www.nss.nhs.scot/publications/practitioner-services-data-protection-notice/](http://www.nss.nhs.scot/publications/practitioner-services-data-protection-notice/)

Full Name:

Date:

Personal Identification Number (PIN)

(This is the 6 digit number you use for signing off eDental claims)

- FORMS WILL ONLY BE ACCEPTED FROM A PERSONAL/PRACTICE NHS EMAIL ADDRESS.
- Hand written forms will not be accepted.
- Completed forms must be saved and submitted in a PDF format and sent via personal/practice NHS email to NSS. [psd-dental-payments@nhs.scot](mailto:psd-dental-payments@nhs.scot) labeling the subject field with "CPDA-" and your individual List Number (e.g. 56789).