

Complete this digital form and submit via email to claim for the Quality Improvement Activity Cycle 2025-28 Year 2 in line with the Determination XI PCA(D)(2026)4.

Theme: "**QI Activity 25-28 (Year 2) - Antimicrobial Stewardship**"

The fields marked with an asterisk (*) are mandatory

PART 1: DENTIST'S DETAILS

1. *Forename
 2. *Surname
 3. *Contact Number
 4. *GDC Number
 5. *Personal/Practice NHS Email

 6. *NHS Board
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PART 2: PARTICULARS OF DENTIST

7. *Dentist List Number
8. *Have you completed the e-learning modules and knowledge check?

	Yes	Date Completed (dd/mm/yyyy)
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9. *Have you participated in a practice team meeting to reflect on your practice's antimicrobial stewardship and subsequently created an action plan?

	Yes	Date Completed (dd/mm/yyyy)
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10. *Has your practice created its own Antimicrobial Stewardship Protocol?

	Yes	Date Completed (dd/mm/yyyy)
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11. *Practice Name and Address

12. *Town
13. *Postcode

PART 3: DECLARATION BY DENTIST

*I have read and understood the conditions set out in PCA(D)(2026)4 and satisfy these to claim this allowance.

*My name is either on the sub-part A of the 1st part of the dental list or on the second part of the Dental List in Scotland and have completed all of the mandated **Quality Improvement Activity** elements for the Cycle 2025-28 Year 2.

*I confirm that I am eligible to claim for the full payment of the Quality Improvement Activity Cycle 2025-28 Year 2.

*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 Public Services Delivery Scotland 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: <https://www.nss.nhs.scot/publications/practitioner-services-directorate-and-primary-carecontractor-finance-data-protection-notice/>

PART 4: AUTHORISATION

*Personal Identification Number (PIN)
(This is the 6 digit number you use
for signing off eDental claims)

*Declaration Date
(dd/mm/yyyy)

- **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.qidentalclaims@nhs.scot labeling the subject field with your individual List Number (e.g. 56789) and "QI Activity Cycle 2025- 28 Year 2".**