

**APPLICATION IN RESPECT OF A PART-TIME DENTIST FOR A COMMITMENT PAYMENT**

Full details of commitment payments are set out in Determination IX of the Statement of Dental Remuneration. Please read that Determination before you fill in this form.

If you meet all of the conditions set out in paragraph 1(1) of Determination IX except those in paragraph 1(1)(b) you can claim a commitment payment as long as at least 90% of your gross earnings from dentistry are attributable to NHS gross earnings, as set out in Determination IX.

Part 1 and 2 of this form to be completed by the dentist, whether a contractor or assistant, making the application for a commitment payment. Part 3 and 4 to be completed only where the claim is in respect of an assistant and should be completed by the contractor that will receive the commitment payment on behalf of the assistant.

**PART 1 PERSONAL DETAILS OF DENTIST**

1. Surname		4. All present list numbers					
2. Other Name(s)							
3. Address for correspondence							
Postcode							

**PART 2 DECLARATION**

I declare that:

- With the exception of the condition set down in sub-paragraph 1(1)(b) I meet all of the conditions of entitlement to a commitment payment;
- At least 90% of my earnings from the practice of dentistry for the relevant earnings period were attributable to NHS gross earnings, as defined in Determination IX;
- At least 90% of my qualifying gross earnings in each of the 5 relevant years were attributable to NHS gross earnings;
- All of the information I have provided on this form is correct and complete and I understand that if it is not action may be taken against me.

Dentist's Signature \_\_\_\_\_

Date DD - MM - YYYY

**PART 3 PERSONAL DETAILS OF CONTRACTOR RECEIVING THE COMMITMENT PAYMENTS**

1. Contractor's Surname/Name		4. All present list numbers				
2. Other Name(s), where contractor is a dentist						
3. Practice Address						
Postcode						

**PART 4 DECLARATION**

- Information has been provided to me by the assistant dentist named at Part 1 which enables me to confirm that the declaration made by him/her at Part 2 is correct.

Contractor's Signature \_\_\_\_\_

Date DD - MM - YYYY

Email completed forms to Practitioner Services from your NHS.Scot email address to ensure secure transfer of personal information, alternative email addresses should only be used in the absence of a NHS email address.

Send completed form to [NSS.psd-dental-payments@nhs.scot](mailto:NSS.psd-dental-payments@nhs.scot) with 'GP224 Part Time Dentist Commitment Payment Form' in the subject field.

**Do not send this form by post.**