

**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 MM - YYYY / MM - YYYY was attributable to NHS earnings

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.

The certificate 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.

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 DD/MM/YYYY

**PART 3 TO BE COMPLETED BY ACCOUNTANT IN ALL CASES**

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

**Accountancy Practice Stamp**

Accountant's signature \_\_\_\_\_

Date DD/MM/YYYY

Email completed form to [NSS.psd-dental-payments@nhs.scot](mailto:NSS.psd-dental-payments@nhs.scot) with 'GP234' in the subject field. Where possible, send from your NHS.Scot email address, but we will accept from an alternative email address in the absence of a NHS email address.

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

**Retain a copy of this form for your own records**