## NATIONAL HEALTH SERVICE

## 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 th	e designa	ted
contractor)		

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	e 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	er.
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 tearnings in the most recent complete practice financial year.	he practice's NHS earnings bore to total
I understand that the information on this form may be used for the purposes of deterpayments and for statistical purposes.	ection and prevention of fraud, calculation of
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	ngs for the most recent complete practice
financial year ending MM - YYYY / MM - YYYY , indicated in the declarati	on 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 <a href="MSS.psd-dental-payments@nhs.scot">MSS.psd-dental-payments@nhs.scot</a> 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.