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 tl	ne desigr	nated
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	e's total earni	ngs in the most recent
practice financial year ending MM - YYYY / MM - YYYY was attributable to NHS ea	rnings	
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 earnings in the most recent complete practice financial year.	e's NHS earnir	ngs bore to total
I understand that the information on this form may be used for the purposes of detection and payments and for statistical purposes.	prevention of	f 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 for the	most recent	complete practice
financial year ending $$ MM $$ - $$ YYYYY $$ / $$ MM $$ - $$ YYYYY $$, indicated in the declaration above, is	s correct and	that I will provide
supporting evidence if requested. Accountancy Practice Stamp		
Accountant's signature	Date	DD/MM/YYYY

Email completed form to MSS.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.