

## CERTIFIED DENTAL ASSISTANT ANNUAL CERTIFICATION RENEWAL INSTRUCTIONS

Please find enclosed your Annual Certification Renewal form. The form and fee are due on or before **March 1, 2012**.

2012/13 ANNUAL CERTIFICATION CATEGORIES	FEE
Practising CDA	<b>\$110</b>
Non-practising CDA*	<b>\$50</b>
Retired (includes subscription to <i>Sentinel</i> newsletter)	<b>\$25</b>

\* Non-practising CDAs are not required to fulfill any continuing education requirements, however these requirements must be met prior to applying for transfer to practising certification, as though you had been practising for the period since you held practising certification.

### The annual certification fee may be paid by:

- attaching a cheque or money order – payable to CDSBC
- credit card – payment option must be completed on the renewal form
- cash or Interac – *only if paid in person* at the CDSBC office Monday to Friday 8:00 am – 4:30 pm.

### Quality Assurance

A minimum of 600 hours of continuous practice in the preceding three years is required for practising categories. Practice includes work in dental education, dental research and the provision of dental care.

**Note:** Supporting documentation of continuous practice is not required, but may be requested.

### Data Collection

The Quality Assurance Committee is gathering data on the number of dentists and CDAs who have current Cardio Pulmonary Resuscitation (C.P.R.) certification. Yes or No is all that is required; no dates or specifics are being requested. Your assistance providing this information is appreciated.

### Renewal Checklist

- Have you answered all the questions on the renewal form?
- Have you signed the renewal form?
- If your CE cycle ended Dec. 31, 2011, have you confirmed that your CE requirements have been met?
- Have you attached your payment?

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## Lapsed Certification

CDAs with lapsed certification are not permitted to perform the services of a CDA.

Certification will lapse *immediately* if any of the following occur:

- Renewal form and payment are received after March 1, 2012.
  - Cheque is returned for insufficient funds (NSF) by financial institution or credit card is declined.
  - Continuing education requirements have not been met.
  - Continuous practice requirements have not been met.
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**Reinstatement of Lapsed Certification** – See the Reinstatement of Lapsed Certification form at [www.cdsbc.org/renewal](http://www.cdsbc.org/renewal) for details regarding this process and applicable fees.

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**Change of certification category** – To transfer from non-practising to practising certification, visit [www.cdsbc.org/renewal](http://www.cdsbc.org/renewal) to download the Application for Transfer. Complete that application and *attach it to this renewal form*. Submit both forms to CDSBC along with all applicable fees.

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## To submit your annual renewal and payment:

### Mail to

CDSBC  
500 – 1765 West 8th Avenue  
Vancouver, BC, Canada  
V6J 5C6

### Scan and e-mail to [CDArenewal@cdsbc.org](mailto:CDArenewal@cdsbc.org)

Note: The form must be printed and signed before being scanned.

### Fax to

604-734-9448 or 1-866-734-9448 (toll-free in BC)

### In person

Monday to Friday, 8:00 am - 4:30 pm

ANY QUESTIONS, VISIT [WWW.CDSBC.ORG](http://WWW.CDSBC.ORG) OR CALL THE RENEWAL HOTLINE AT 604-714-5346



## CERTIFIED DENTAL ASSISTANT 2012/13 ANNUAL CERTIFICATION RENEWAL

Name \_\_\_\_\_ Certification Number \_\_\_\_\_

### Certification Category or Change of Status

Practising       Non-practising       Retired       Resigned

### If retiring or resigning:

I wish to retire or resign my certification with CDSBC and I declare that I will not practise as a certified dental assistant (CDA) in B.C. after March 1, 2012.

Initial here \_\_\_\_\_

### If holding or transferring to non-practising certification:

As a non-practising certified dental assistant, I declare that I will not perform the services of a certified dental assistant without first converting my certification to practising status.

**Note:** Practise includes work in dental education, research and the provision of clinical care.

Initial here \_\_\_\_\_

### Practice

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

### Home

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Cell \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Personal Email (for confidential/personal information from CDSBC) \_\_\_\_\_

### Privacy and Security

The information you provide here relates to the operations of CDSBC under the *Health Professions Act* for the purpose of regulating the practice of certified dental assisting in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, CDSBC provides security and confidentiality of your personal information.

**Consent Levels for Release of Information** One box must be selected or the default will be **Level 1**.

**Level 1 (Required by law)**

- Includes your name and whether you are a certified dental assistant or former certified dental assistant. Also includes your class of certification, and any additional qualifications you acquired and of which the Registrar has been notified. Any limits or conditions placed on your entitlement to provide the services of a CDA, or any notations or revocation or suspensions on your certification may be released to the public.
- Personal information is for internal CDSBC use only.

**Level 2 (Professional organizations only)**

- Includes **Level 1 plus** personal contact information, which may be released to the Certified Dental Assistants of BC (CDABC).

**Level 3 (Professional purposes only)**

- Includes **Levels 1 & 2 plus** personal contact information, which may be released to third parties for professional purposes only.
- Professional purposes may include CE opportunities, dental conferences, and information from component societies or about individual CDSBC election campaigns.
- This does not include commercial enterprises providing products or services.

**Quality Assurance**

I have practised as a certified dental assistant for \_\_\_\_\_ hours\* during the period of January 1, 2011 through December 31, 2011.

\*Please provide an estimated number of hours if you do not have precise information, e.g. 1,075 hours.

**Note:** Practise includes work in dental education, research and the provision of clinical care.

**Cardio Pulmonary Resuscitation**

I hold a current C.P.R. Certificate.  Yes  No

**Signature**

I confirm that the information given on this form is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Your certification cannot be renewed without your signature.

**Payment by VISA or MasterCard** Authorizing signature is required – phone payment not accepted

Name of Certified Dental Assistant: \_\_\_\_\_

CDSBC Certification #: \_\_\_\_\_

VISA  MasterCard Card Number: \_\_\_\_\_ Expiry Date (m/y): \_\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_