

## DENTIST ANNUAL REGISTRATION RENEWAL INSTRUCTIONS

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

2012/13 ANNUAL REGISTRATION CATEGORIES *	FEE
Full Registrants	<b>\$2,522</b>  Fee breakdown: <b>CDSBC \$1,017</b> <b>BCDA \$1,505</b>
Certified Specialist Registrants	
Restricted to Specialty Registrants	
Academic Registrants (G.P.s and Certified Specialists)	
Academic (Grandparented) Registrants (G.P.s and Certified Specialists)	
Limited (Armed Services or Government) Registrants	<b>\$500</b>
Limited (Education) Registrants	<b>\$500</b>
Limited (Post-graduate) Registrants	<b>\$200</b>
Limited (Research) Registrants	<b>\$50</b>
Limited (Volunteer) Registrants	<b>\$0</b>
Non-practising Registrants	<b>\$500</b>
Retired (includes subscription to <i>Sentinel</i> newsletter)	<b>\$50</b>

\* Visit [www.cdsbc.org/registration](http://www.cdsbc.org/registration) for full category descriptions.

Annual fee may be paid by either attaching a cheque or money order, made payable to CDSBC, or by cash or Interac *only if paid in person* at the CDSBC office Monday to Friday from 8:00 am – 4:30 pm.

### Quality Assurance

A minimum of 900 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 Registration

Dentists are not permitted to practise dentistry with lapsed registration.

Registration 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.
  - Continuous practice requirements have not been met.
  - Continuing education requirements have not been met.
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**Reinstatement of Lapsed Registration** – See the Reinstatement of Lapsed Registration 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 Registration Category** – To transfer from non-practising to practising registration, 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

### 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



## DENTIST 2012/13 ANNUAL REGISTRATION RENEWAL

Name \_\_\_\_\_ Registration Number \_\_\_\_\_

### Registration Category or Change of Status Notice – Select ONE only

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Full Registration (Practising)         | <input type="checkbox"/> Certified Specialist     | <input type="checkbox"/> Restricted to Specialty |
| <input type="checkbox"/> Academic                               | <input type="checkbox"/> Academic (Grandparented) | <input type="checkbox"/> Non-Practising          |
| <input type="checkbox"/> Limited (Armed Services or Government) | <input type="checkbox"/> Limited (Post-graduate)  | <input type="checkbox"/> Resigned                |
| <input type="checkbox"/> Limited (Research)                     | <input type="checkbox"/> Limited (Education)      | <input type="checkbox"/> Retired                 |
|   | <input type="checkbox"/> Limited (Volunteer)      |  |

### If retiring or resigning:

- I wish to retire or resign my registration with CDSBC and I declare that I will not practise as a dentist in B.C. after March 1, 2012.

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

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

- As a non-practising dentist, I declare that I will not practise dentistry in B.C. without first converting my registration to practising status. **Note:** Practise includes work in dental education, research and the provision of clinical care.

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

### Practice

- One address must be made available to the public on the register. If more than one address is provided, the default will be your practice address.
- Submit any satellite office address(es) on a separate sheet.
- Note: Practice and satellite offices are published in the *Directory of Dentists*.

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

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

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

Include email in *Directory of Dentists*

### Home

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

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

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

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

**I wish to receive mail from CDSBC** (check one only):  at my practice address  at my home address

**Malpractice Insurance** (This section must be completed for practising dentists only)Select applicable box. **Coverage of at least \$3,000,000 is mandatory.**

- CDSPI       Other \_\_\_\_\_  
(enclose copy of certificate of insurance)

**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 dentistry 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)**

- Only public contact information (practice address, practice telephone number and practice email) may be released to third parties.
- Public contact information plus school, year of graduation and registration year will be released and included in the *Directory of Dentists*.
- Personal information is for internal use, for the Provider Registry and any other statutory information required by the Government of B.C.

 **Level 2 (Professional organizations only)**

- Includes **Level 1 plus** personal contact information, which may be released to the BC Dental Association (BCDA) and the Canadian Dental Association (CDA).
- BCDA provides services such as the Fee Guide, member newsletters, information on the Pacific Dental Conference and the Dental Profession Advisory Program (DPAP).

 **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 dentist 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 registration cannot be renewed without your signature.