

If you have not met the minimum number of Continuous Practice hours for the period of January 01, 2009 through December 31, 2011 and wish to hold practising registration, a written proposal is required outlining what you propose to do to demonstrate your competency. This might include successful completion of the National Dental Examining Board examinations, clinical mentorship, or an approved educational program. The Registration Committee will approve proposals on an individual basis.

Please complete this form and attach your proposed program for competency verification (on a separate sheet) and return both to CDSBC as soon as possible for consideration by the Registration or Quality Assurance Committee.

Name _____ **Reg. #** _____ **Date** _____

#1 How long is it since you have practised? _____

#2 How long did you practise prior to this? _____

#3 Why did you stop practising? _____

#4 What type of practice did you have? _____

#5 What are your intentions now? _____

#6 Have you practised at all in the past 3 years? Yes ____ No ____

If yes, please provide details. _____

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#7 What continuing education have you done over the past three years? Clinical?
Didactic?

Any additional comments?

Thank-you for providing this information. A representative of CDSBC will contact you shortly.