

DENTIST ANNUAL REGISTRATION RENEWAL INSTRUCTIONS

Please find enclosed your Annual Registration Renewal form. The form and fee are due on or before **March 1, 2010**. As CDSBC is now under the *Health Professions Act*, there have been changes to the annual renewal process. **Please review this entire document to understand these changes and how they may affect you.**

2010 – 2011 ANNUAL REGISTRATION CATEGORIES*	FEE
Practising Registrants	\$2,483 Fee breakdown: CDSBC \$951 BCDA \$834 CDA \$698
Certified Specialist Registrants	
Restricted to Specialty Registrants	
Academic Registrants	
Academic (Grandparented) Registrants	
Limited Registrants (Armed Services or Government)	\$500
Non-practising Registrants	\$500
Retired (includes subscription to <i>Sentinel</i> newsletter)	\$50

*See other side for category descriptions.

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

Note:

- **Renewal cards and tax receipts will be mailed within 2 – 3 weeks**
- **Practising registrants must provide an address for the *Directory of Dentists***
- **Incomplete renewal forms will be returned unprocessed**

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, 2009, have you confirmed that your CE requirements have been met?
- Have you attached your payment?

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, 2010
- Cheque received is returned NSF by bank
- Continuous Practice requirements have not been met
- Continuing Education requirements have not been met

Reinstatement of Lapsed Registration – See the Reinstatement of Lapsed Registration form at www.cdsbc.org/renewal for details regarding this process and applicable fees.

Change of Registration Category – To transfer from non-practising to practising registration, visit 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.

REGISTRATION CATEGORIES

Practising Registrants

- may practise dentistry per the *Health Professions Act*, the Dentists Regulation and CDSBC Bylaws.

Certified Specialist Registrants

- may practise dentistry per the *Health Professions Act*, the Dentists Regulation and CDSBC Bylaws.

Restricted to Specialty Registrants

- *may only* perform a restricted activity if it is included in the practice of the applicable specialty in which the registrant is certified.

Academic Registrants

- *may only* practise dentistry during the term that they are appointed to a position in a setting operated by or affiliated with the University of British Columbia (UBC) or other approved post-secondary educational institution.
- *may only* practise dentistry on a fee for service basis in a setting affiliated with the approved post-secondary educational institution.
- as registration is only valid while employed by UBC or other approved post-secondary institution, registration ceases upon termination of the position.

Academic (Grandparented) Registrants

In addition to the above academic registrant information, grandparented registrants:

- are registrants who were registered as an academic member under the *Dentists Act* as of April 2, 2009, and continued to hold academic (grandparented) registration without interruption since then.
- *may* practise dentistry on a fee for service basis for *up to 10 hours per calendar week* in a setting that is not operated by or affiliated with UBC or other post-secondary educational institution.

Non-practising Registrants

- *must not practise dentistry*, provide any service of dentistry, or delegate, authorize or supervise the provision of any service of dentistry by another person.
- are not required to fulfill any CE requirements, however these requirements must be met prior to applying for transfer to practising registration, as though the applicant had been a practising registrant for the period since the dentist held practising registration.

Retired (subscription to *Sentinel* newsletter provided)

- *must not practise dentistry*, provide any service of dentistry, or delegate, authorize or supervise the provision of any service of dentistry by another person.



Name _____ Registration number _____

DENTIST 2010 – 2011 ANNUAL REGISTRATION RENEWAL

1. Registration Category or Change of Status Notice – Select ONE only

- Practising, Restricted to Specialty, Retired, Non-practising, Academic, Resigned, Certified Specialist, Grandparented Academic, Limited (Armed Services or Government)

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, 2010.

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 _____

2. Contact – Practice

- I wish to receive mail at this address

- Submit 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 the Directory of Dentists Yes No

Contact – Home

- I wish to receive mail at this address

Address _____ Phone _____

City _____ Fax _____

Province _____ Postal Code _____ Email _____

Cell _____

500 – 1765 West 8th Avenue Vancouver BC Canada V6J 5C6 www.cdsbc.org

RETURN FORM AND PAYMENT BY MARCH 1, 2010
Make sure you have signed this form and enclosed payment

3. 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)

4. 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.
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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)
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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.
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5. Continuous Practice Hours

I have practised as a dentist for _____ hours* during the period of January 1, 2007 through February 28, 2010.

*300 hours minimum required to maintain practising registration for 2010–2011. Please provide an estimated number of hours if you do not have precise information.

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

6. Signature **FORM MUST BE SIGNED**

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.

RETURN FORM AND PAYMENT BY MARCH 1, 2010
Make sure you have signed this form and enclosed payment