

Certified Dental Assistant Application for Transfer from Non-practising to Practising Certification

Surname	Previous Surname (if applicable)
First	Middle
CDSBC Certification #	Birthdate M/D/Y

Contact - Practice			
Address			
City	Phone	Fax	
Province	Postal Code	Email	

Contact – Home			
Address			
City	Phone	Fax	
Province	Postal Code	Cell	Email

In what other jurisdiction(s) do you or did you hold a licence/certification to practise as a certified dental assistant?	
Address	Time Period M/D/Y – M/D/Y
Provide original (or certified copies of) letters of good standing from all licensing jurisdictions in which you have or are practising since graduation, dated within 30 days of this application.	



Quality Assurance Requirements

If your NDAEB Certificate was issued more than three years ago, have you engaged in the practice of dental assisting in another jurisdiction over the preceding three years? Yes No

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

* 200 hours minimum for 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
- CE requirements must be met prior to applying for transfer to practising certification, as though the applicant had been a practising CDA for the period since the CDA held practising certification.

Privacy and Security

The information you provide here relates to the operations of the 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)

- Includes your name and whether you are a CDA or former CDA. Also includes your class of certification, and any additional qualification you acquired 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.



Application Questions	
All of the following questions must be answered. A written explanation must be given for all affirmative answers (use a separate sheet if needed). Information provided is confidential to CDSBC.	
Have you ever been convicted in Canada or elsewhere of any offence that, if committed by a person certified under the HPA, would constitute unprofessional conduct or conduct unbecoming a person certified under the CDSBC Bylaws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are criminal charges pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At present time, are there any investigations, reviews or proceedings taking place in any jurisdiction that could result in the suspension or cancellation of your authorization to practice as a dental assistant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your entitlement to practise as a dental assistant been limited, restricted or subject to conditions in any jurisdiction at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your past conduct demonstrate any pattern of incompetency or untrustworthiness that would make certification contrary to the public interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever voluntarily surrendered your licence/certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever practised as a dental assistant without a licence/certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a mental or physical condition that could affect your ability to safely practise as a dental assistant? (Examples: mental or physical ailment, psychiatric disorder, addiction, blood borne pathogens)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attestation Statement

I, _____ (name of applicant), declare that the answers given to the questions in this application and the information I supplied on this application, are true, complete, and accurate in every respect, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if it were made under oath and by virtue of the *Canada Evidence Act*.

Signature of Applicant _____ Date _____