



TEMPORARY CERTIFIED DENTAL ASSISTANT – APPLICATION INSTRUCTIONS FOR TRANSFER TO PRACTISING CERTIFIED DENTAL ASSISTANT

Contents

- Application for Transfer to Practising Certified Dental Assistant
- Visa/Mastercard Payment Option Form

Checklist

- Have you answered all questions on the transfer form?
- Have you enclosed proof of successful completion of the NDAEB written examination?
- Have you enclosed a copy of name change documents if your name has changed?
- Have you signed the transfer form?
- Have you enclosed payment for the Practising CDA Certification fee?

Please note all incomplete applications will be returned.

2011 – 2012 Practising CDA Fees

Received March 2 and August 31 _____ C\$105

Received after September 1 _____ C\$53

Fees may be paid by cheque or money order made payable to CDSBC, credit card, or cash if paid in person at the CDSBC office Monday – Friday from 8:00 am – 4:30 pm.

Please submit all completed forms, documents and fees to:

College of Dental Surgeons of BC
500 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6

Once the transfer is processed, your CDSBC Certified Dental Assistant certificate and your current CDSBC certification card will be forwarded to you.



APPLICATION FOR TRANSFER – TEMPORARY CERTIFIED DENTAL ASSISTANT TO PRACTISING CERTIFIED DENTAL ASSISTANT

Surname _____

Previous Surname (if applicable) _____

First _____ **Middle** _____

Is the name you are applying under different than the one on your diploma? If yes, provide a copy of legal documents certifying the name change. i.e. marriage certificate, legal name change decree.

Date of birth – M/D/Y _____ **Gender** female male

Temporary CDA Certification # _____

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 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.

Authorization and Oath

- I am applying to be certified as a Practising Certified Dental Assistant with the College of Dental Surgeons of British Columbia ("CDSBC") pursuant to the Bylaws made under the *Health Professions Act*. In consideration of CDSBC's processing of my application, by my signature below, I authorize CDSBC to make reasonable and lawful enquiries about me, including enquiries seeking confidential or personal information (in documentary form or otherwise) from any regulatory authority, hospital, educational program, institution or law enforcement agency (collectively, the "Certification-Related Information"), and to then consider and use the Certification-Related Information, all for the sole purpose of determining my fitness for certification as a Practising Certified Dental Assistant in British Columbia.
- I recognize that those who, in good faith, furnish Certification-Related Information to CDSBC in connection with my application for certification have reasonable expectations that such Certification-Related Information will be kept confidential.
- I further understand that CDSBC may take disciplinary action against me, including action to revoke my certification, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for certification.

Signature _____ **Date** _____



APPLICANT CREDIT CARD AUTHORIZATION FORM

Applicant name: _____

VISA Mastercard

Card number: _____ **Expiry:** _____

Please indicate your approval for your credit card to be charged for each of the following:

Application fee:

- \$105 if received March 2 and August 31
- \$53 if received after September 1

Cardholder's name (please print): _____

Cardholder's signature: _____

Payment by phone is not available. Your signature is required to authorize payment.

MAKE SURE YOU HAVE SIGNED THIS FORM.