

APPLICATION INSTRUCTIONS CERTIFICATE OF STANDING

Step 1: DENTIST

- The dentist who is requesting the Certificate of Standing completes the section “Dentist’s Consent for Release of Information,” including signature, witness signature, and date.
- The dentist submits the form in its entirety (including pages 1-7) and payment to the regulatory authority that will provide the Certificate of Standing.

Step 2: REGULATING AUTHORITY

The regulating authority completes the remaining sections of this form, including signature and seal, and submits the form to:

Registrar
College of Dental Surgeons of BC
500-1765 West 8th Ave.
Vancouver, B.C.
V6J 5C6

Important note: Please indicate “Confidential” on the envelope.

For more information, please contact the dentist registration coordinator at CDSBC by email at registration@cdsbc.org or by fax at the number above.



CERTIFICATE OF STANDING

To the certifying authority or regulator:

The dentist requesting completion of this form is an Applicant for registration in British Columbia and has agreed to disclosure. The completed certification form bearing your signature and seal may be sent with any attachments directly to the following address: 500 – 1765 West 8th Avenue, Vancouver, BC V6J 5C6

Dentist’s Consent for Release of Information

I have made application with the College of Dental Surgeons of BC (CDSBC) for registration in order to engage in the practice of dentistry in the province of British Columbia.

I, therefore, hereby irrevocably authorize and direct the:

Name of the Regulatory Body _____

Address _____ Phone _____

City _____ Province _____ Postal Code _____

to provide CDSBC with full disclosure of any and all information you may have respecting my professional conduct, competence and capacity including providing a copy of any written information in my file pertaining to these matters and this shall be your full, final and irrevocable authority for so doing.

I understand the legal implications and approve your release of any information CDSBC requests.

I understand that I have the right to seek legal advice prior to signing this form.

Signature of Applicant _____

Applicant’s name - please print _____

Signature of Witness _____

Witness’s name - please print _____

Date – M/D/Y _____

Our records indicate the following concerning the applicant:

Name (First) _____ Last _____ Middle Initial _____

Registration/Licence/Certificate number _____

Current professional address

(As recorded on the Register/Roll) _____

Phone number (As recorded on the Register/Roll) _____

1. REGISTRATION/LICENCE/CERTIFICATE

a) The Applicant

(i) has been registered/licensed/certified in
(Receiving authority's jurisdiction) _____

from (M/D/Y) _____ to (M/D/Y) _____, and
from (M/D/Y) _____ to (M/D/Y) _____ (if applicable).

(ii) If the Applicant ceased to be a Registered/Licensed/Certified member, it was for the following reason(s):

b) The Applicant currently holds or previously held

(i) a General Registration/Licence/Certificate
from (M/D/Y) _____ to (M/D/Y) _____

(ii) a Specialty Registration/Licence/Certificate in:
(Specify specialty) _____

from (M/D/Y) _____ to (M/D/Y) _____

(iii) an Education Registration/Licence/Certificate (Residency/Internship)
from (M/D/Y) _____ to (M/D/Y) _____

(iv) a Graduate Registration/Licence/Certificate (Student)
from (M/D/Y) _____ to (M/D/Y) _____

(v) an Academic Registration/Licence/Certificate (Professor)
from (M/D/Y) _____ to (M/D/Y) _____

(vi) other _____
from (M/D/Y) _____ to (M/D/Y) _____

c) The Applicant received his or her degree(s) in dentistry from the following institutions:

Institution Name/Country	Degree	Year of Graduation

d) To the best of your knowledge, the Applicant is or has also been Registered/Licensed/Certified to practise dentistry or has engaged in the practise of dentistry in the following jurisdictions:

Province or State/Country	Registered/Licensed/Certified M/D/Y – M/D/Y

e) The Applicant

- (i) is not in arrears of any fees or other monies owing to your organization.
- (ii) is in arrears as follows **(Nature of arrears/owed since/amount owing):**

f) Terms, restrictions, conditions, limitations on Registration/Licence/Certificate

- (i) The Applicant **does not have and has not had** any terms, restrictions, conditions, or limitations on his or her Registration/Licence/Certificate.
- (ii) The Applicant **has or has had** terms, restrictions, conditions or limitations on his or her Registration/Licence/Certificate, the nature of which are as follows **(Nature of terms, restrictions, conditions or limitations on Registration/Licence/Certificate and dates in force):**

g) Suspension, cancellation, revocation or striking off the Register/Roll

- (i) The Applicant **does not have and has not had** his or her Registration/Licence/Certificate suspended, cancelled, revoked, or struck off the Register/Roll.
- (ii) The Applicant currently **has or has had** his or her Registration/Licence/Certificate suspended, cancelled, revoked or struck off the Register/Roll for the following reason(s):

2. PROFESSIONAL CONDUCT RECORD

a) Complaints

- (i) The Applicant **has never been** the subject of a formal complaint.
- (ii) The Applicant **is** the subject of a formal complaint, which has not been completed.
- (iii) The Applicant **has been** the subject of a formal complaint, which was completed with a decision/ action being issued (including “no further action”) by you (the certifying regulator) or which involved the Applicant’s resignation, the nature of which is as follows **(Nature of the formal complaint(s) and action(s) taken, if any, at this date):**

b) Investigations

- (i) The Applicant **has never been** the subject of an investigation.
- (ii) The Applicant **is** the subject of an investigation, which has not been completed.
- (iii) The Applicant **has been** the subject of an investigation, which was completed with a decision/ action being issued (including “no further action”) by you (the certifying regulator) or which involved the Applicant’s resignation, the nature of which was as follows **(Nature of the investigation(s) and action(s) taken, if any, at this date):**

c) Disciplinary Proceedings

- (i) The Applicant **has never been** the subject of a disciplinary proceeding.
- (ii) The Applicant **is** the subject of a disciplinary proceeding, which has not been completed.
- (iii) The Applicant **has been** the subject of disciplinary proceedings, which were completed with a decision/action being issued (including "no further action") by you (the certifying regulator) or which involved the Applicant's resignation, the nature of which was as follows **(Nature of disciplinary proceeding(s) and action(s) taken/date/result):**

d) Fitness to Practise (Upon registration or after)

- (i) The Applicant **has never been** the subject of a fitness-to-practise hearing or inquiry.
- (ii) The Applicant **is** the subject of a fitness-to-practise hearing or inquiry, which has not been completed.
- (iii) The Applicant **has been** the subject of fitness-to-practise hearing or inquiry, which were completed with a decision/action being issued (including "no further action") by you (the certifying regulator) or which involved the Applicant's resignation, the nature of which was as follows **(Physical ailment, mental health condition or addiction involved/date/result):**

3. QUALITY ASSURANCE PROGRAMS

a) Professional Inspection

Mandatory Non-mandatory

- (i) The Applicant is not and has not been the subject of professional inspections other than regularly scheduled visits.
- (ii) The Applicant is or has been the subject of professional inspections other than regularly scheduled visits, the nature and/or disposition of which was as follows **(Nature of inspection(s) and action(s) taken, if any, at this date):**

b) Continuing Education Requirements

Mandatory Non-mandatory

- (i) The Applicant has always been in compliance with your continuing education requirements.
- (ii) The Applicant is not or has not been in compliance with your continuing education requirements. **Nature of non-compliance and action(s) taken, if any, at this date:**

c) Currency of Practice Requirement

Mandatory Non-mandatory

If mandatory, please specify details:

- (i) Has the Applicant been in compliance with your practice hours requirement?
 Yes No Non-applicable
- (ii) Has the Applicant ever interrupted/stopped practising?
 Yes No Unknown

If yes, please specify dates:

From: M/D/Y

To: M/D/Y

**4. OTHER RELEVANT INFORMATION THAT HAS BEEN REPORTED TO YOU
(the certifying regulator)**

In the affirmative, please specify:

a) Additional sheets/documents attached Yes No

5. CERTIFICATION

Signature _____

Title _____

Signed and sealed this date (certifying regulator seal) _____

Please return this completed form marked "Confidential" to:

Registrar
College of Dental Surgeons of BC
500-1765 West 8th Ave.
Vancouver, B.C. V6J 5C6