

DENTIST REINSTATEMENT OF LAPSED REGISTRATION INSTRUCTIONS

This application package is for dentists who have lapsed 2011 – 2012 registration and wish to reinstate their registration with CDSBC.

Note: This application for reinstatement must be completed and attached to the complete annual renewal form along with both the annual renewal and reinstatement fees.

Contents

- Reinstatement of Lapsed Registration Application

Reinstatement Fees

March 2 – April 30, 2011 _____ C\$200

After May 1, 2011

– practising registration _____ C\$500

– non-practising registration _____ C\$200

Fees may be paid by cheque or money order made payable to CDSBC, or cash if paid in person at the CDSBC office Monday – Friday from 8:00 am – 4:00 pm. Note that *separate* payments are required for both the reinstatement fee and annual renewal registration fee.

Please submit all completed forms and fees to:

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

Checklist

- Have you answered all the questions on the reinstatement form?
- Have you signed the reinstatement form?
- Have you attached the renewal form to this reinstatement form?
- If your CE cycle ended Dec. 31, 2010, have you confirmed that your CE requirements have been met?
- Have you fulfilled the Continuous Practice requirements of 900 hours in the preceding three years?
- If applicable, have you completed the required criminal record re-check?
- Have you enclosed both the reinstatement and annual renewal fees?

Please note all incomplete applications will be returned.



DENTIST REINSTATEMENT OF LAPSED REGISTRATION

Registration Category – Select ONE only

- Full Registration (Practising)
 Non-practising
 Certified Specialist
 Restricted to Specialty
 Academic
 Limited (Armed Services or Government)

Surname _____

Previous Surname (if applicable) _____

First _____ **Middle** _____

CDSBC Registration Number _____ **Date of birth – M/D/Y** _____

Practice – Submit any satellite office address(es) on a separate sheet
Practice and satellite offices are published in the *Directory of Dentists*

Address _____ Phone _____

City _____ Fax _____

Province _____ Postal Code _____ Email _____

Include email in *Directory of Dentists*

Home

Address _____ Phone _____

City _____ Cell _____

Province _____ Postal Code _____

Personal email (for confidential/personal information from CDSBC) _____

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)

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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Quality Assurance Requirements

If your NDEB Certificate was issued more than three years ago, have you engaged in the practise of dentistry in another jurisdiction over the preceding three years? Yes No

Continuous Practice Hours

Practice hours in 2008 _____ 2009 _____ 2010 _____

Indicate number of hours, e.g. 500.

Note:

- Practise includes work in dental education, research and the provision of clinical care.
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Signature

I confirm that the information given on this form is true and correct to the best of my knowledge.

Signature _____ **Date** – M/D/Y _____

Your application cannot be processed without your signature.