



Application Instructions for Certification as Certified Specialist

Eligibility

A Full Registrant is entitled to certification in BC pursuant to Part 6.05 of the College Bylaws.

Contents

- Form 5: Application for Certification as a Certified Specialist in British Columbia
- Form 2: Statutory Declaration Form
- Commissioner for Oaths Information Sheet

Application Fee

Application fee for current Full Registrant as a Certified Specialist.....C\$450

Checklist

- Have you answered all questions on the application forms?
- Have you enclosed a copy of name change documents if your name has changed?
- Have you submitted all supporting documents verifying your qualifications to be eligible for certification as a recognized specialty in BC as outlined in Part 6.05 in the College Bylaws?
- Have you signed your application form and had it notarized by a Commissioner for Oaths who has applied a stamp or seal?
- Have you enclosed the application fee?
- Have you submitted proof of your malpractice insurance?

Please submit all completed forms, documents and fees to:

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

Please note all incomplete applications will be returned.



Suite 500 – 1765 West 8th Ave. Tel: 604-736-3621 Fax: 604-734-9448
 Vancouver, B.C. V6J 5C6 800-663-9169 866-734-9448
 www.cdsbc.org

Application for Certification as Certified Specialist
Per the Health Professions Act

Surname	Previous Surname (if applicable)
First	Middle
CDSBC Registration #:	

Home (personal) Contact		
<input type="checkbox"/> I wish to receive mail at this address		
Address		
City	Province	Postal Code
Phone	Fax	Email
<input type="checkbox"/> I wish to receive email at this address		

Practice (public) Contact – Submit any satellite office address on a separate sheet			
<input type="checkbox"/> I wish to receive mail at this address			
Address			
City	Province	Postal Code	
Phone	Fax	Email	<input type="checkbox"/> include email in dental directory
<input type="checkbox"/> I wish to receive email at this address			

Specialty or Post-Graduate Education Provide copy of degree			
Name of Institution	City/Country	Dates attended MMM/YY to MMM/YY	Degree Received

Certification required in the specialty of:
--

Have you completed the National Dental Specialty Examination provided by the Royal College of Dentists of Canada? – Provide copy of certificate

 Yes

 No

Date DD/MMYY

In what other jurisdiction(s) do you or did you hold a licence to practise dentistry?

Jurisdiction	Address	Time Period MMM/YY to MMM/YY

Provide letters of good standing from **all** licensing jurisdictions in which you **have** or **are** practising, dated within **one** month of this application

Professional Liability Insurance

Select applicable box. Coverage of at least \$3,000,000 for British Columbia is mandatory.

 CDSPI

 Other _____ (enclose copy of certificate of insurance)

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 the College of Dental Surgeons of British Columbia.

Have you ever been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the HPA, would constitute unprofessional conduct or conduct unbecoming a person registered under these 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 practise dentistry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your entitlement to practise dentistry 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 registration contrary to the public interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever voluntarily surrendered your licence/registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever practised as a dentist without a licence/registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a mental or physical condition that could affect your ability to safely practise dentistry? (Examples: mental or physical ailment, psychiatric disorder, addiction, blood borne pathogens)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization and Oath

- I am applying to register with the College of Dental Surgeons of British Columbia (the "CDSBC") under the *Health Professions Act* and the Bylaws made under the *Health Professions Act*. In consideration of the CDSBC's processing of my application, by my signature below, I authorize the 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 "Registration-Related Information"), and to then consider and use the Registration-Related Information, all for the sole purpose of determining my fitness for registration as a specialist in British Columbia.
- I recognize that those who, in good faith, furnish Registration-Related Information to the CDSBC in connection with my application as a certified specialist, have reasonable expectations that such Registration-Related Information will be kept confidential.
- I further understand that the CDSBC may take disciplinary action against me, including action to revoke my registration as a certified specialist, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for registration.
- I am aware of the *Health Professions Act of British Columbia* and the CDSBC Bylaws and do solemnly declare that I will uphold the honour and dignity of the profession and adhere to the *Health Professions Act of British Columbia* and the CDSBC Bylaws.

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 _____

DECLARED before me at the city of _____, in (country) _____,
this _____ day of _____, 20_____.

A Commissioner for Oaths or Notary Public _____

(Must include a stamp or seal of Commissioner for Oaths or Notary Public)



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 Vancouver, B.C. V6J 5C6 800-663-9169 866-734-9448
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Statutory Declaration (Dentists/Student Practitioners)

IN THE MATTER OF AN APPLICATION FOR REGISTRATION WITH THE COLLEGE OF DENTAL SURGEONS OF BC, IN THE PROVINCE OF BRITISH COLUMBIA, CANADA

I, _____, of _____
 (City/Country)

do solemnly declare that:

1. I am a person of good character.
2. I am aware of the *Health Professions Act* of British Columbia and the regulations and Bylaws of the College of Dental Surgeons of British Columbia made pursuant to that Act.
3. I will practice at all times in compliance with the *Health Professions Act* of British Columbia and the regulations and Bylaws of the College of Dental Surgeons of British Columbia made pursuant to that Act.

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 made under oath.

Signature of Applicant _____

DECLARED before me at the city of _____, in (country) _____,

this _____ day of _____, 20_____.

A Commissioner for Oaths or Notary Public

(Must include a stamp or seal of Commissioner for Oaths or Notary Public)



COMMISSIONER FOR OATHS

INFORMATION SHEET

According to Section 60 of the *BC Evidence Act*, the following persons are, because of their office or employment, commissioners for taking affidavits for British Columbia:

- a) a judge of a court in British Columbia;
- b) justices;
- c) registrars, deputy registrars, district registrars and deputy district registrars of the Supreme Court;
- d) practising lawyers as defined in section 1 (1) of the *Legal Profession Act*;
- e) notaries public;
- f) the local government corporate officer and that person's deputy;
- g) the secretary treasurer of a board of school trustees;
- h) the directeur général of a francophone education authority as defined in the *School Act*;
- i) coroners;
- j) government agents and deputy government agents;
- k) other classes of office holder or employment the Attorney General prescribes.

Any questions should be addressed to:

Order in Council Office
Ministry of Attorney General
Room 029, Parliament Buildings
Victoria, BC V8V 1X4

Tel: 250-387-5378
Fax: 250-387-4349