

APPLICATION INSTRUCTIONS FOR TEMPORARY REGISTRATION

This category is available to dentists for the purpose of taking or presenting a dental course that involves direct contact with patients, conducting or engaging in a clinical presentation or study club involving direct contact with patients at or under the sponsorship of the Faculty of Dentistry at the University of British Columbia (UBC), another post-secondary educational institution, or a dental or other group or organization approved by the Registration Committee.

Temporary registration may be granted for a period not exceeding 14 days and may be granted again to a previous temporary registrant. A temporary registrant may only practise dentistry for the purpose described above and must not practise dentistry on a fee for service basis.

Contents

- Form 12: Application for Temporary Registration
- Form 2: Statutory Declaration
- Standards of Practice for Dentists and Certified Dental Assistants in British Columbia Information Sheet

Application & Registration Fees

Application Fee (valid for one year) _____ C\$50

Registration Fee per occurrence _____ C\$100

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 – 4:30 pm. If paying by cheque or money order, note that separate payments are required for each of the application and registration fees.

Please submit all completed forms, documents and fees to:

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

Checklist

- Have you answered all questions on the application forms?
- Have you attached a passport-sized head and shoulder photograph to your application?
- Have you enclosed a copy of name change documents if your name has changed?
- Have you submitted a copy of your dental degree?
- Have you provided evidence indicating application for this category is solely for the purposes listed above?
- Have you signed your application form and had it and the statutory declaration notarized by a Commissioner for Oaths who has applied a stamp or seal?
- Have you enclosed separate payments for the application and registration fees?
- Have you submitted proof of your malpractice insurance that includes coverage while practising in BC?

Please note all incomplete applications will be returned.



APPLICATION FOR TEMPORARY REGISTRATION

Attach a passport sized photo taken within the past 12 months
Photo must be attached prior to notarization

Surname _____

Previous Surname (if applicable) _____

First _____

Middle _____

Is the name above different from the one on your degree? If yes, provide a copy of legal documents certifying name change, i.e. marriage certificate, legal name change decree.

Date of birth – M/D/Y _____

Place of birth – City/Province/Country _____

Gender female male

FOR OFFICE USE ONLY:
Registration #:

Practice – Submit any satellite office address(es) on a separate sheet

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) _____

I wish to receive mail from CDSBC (check one only):

at my practice address at my home address

Have you previously been registered with this College in any capacity? Yes No

If yes, provide registration or permit number _____

Purpose of Temporary Registration – Please select the appropriate box

Study Club - Mentor/Participant Proprietary Course - Presenter/Participant Other

Course Name _____

Location _____

Time Period from M/D/Y - M/D/Y (Must not exceed 14 days) _____

Dental Education – Provide copy of degree(s)

Name of Institution	City/Country	Dates attended M/D/Y – M/D/Y	Degree Received

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

Jurisdiction	Address	Time Period M/D/Y – M/D/Y

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)

Please note: Proof of your US/International liability insurance must be submitted and clearly indicate that coverage extends to services provided in Canada.

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 _____

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)



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 practise 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)

Standards of Practice for Dentists and Certified Dental Assistants in British Columbia

The following standards describe the responsibilities of dentists and certified dental assistants (CDAs) in providing dental care to the public in B.C.

1 Patient-Centred Dental Care

- Put the interests of patients before the interests of the dentist or CDA in providing safe, professional, quality patient care.
- “Do no Harm”.
- Respect the patient’s right to confidentiality.
- Respect the patient’s right and ability to make informed choices regarding dental care.

2 Unique Body of Knowledge

- Base dental practice on a unique, scientifically based body of knowledge and expertise.
- Practise according to evidence-based and peer-supported principles.

3 Competent Application of Knowledge

- Competently apply knowledge in assessing, treating and managing the care of the patient.
- Assess outcomes of care provided where possible.
- Maintain competence by undertaking continuous learning and professional development.

4 Professional Ethics

- Practise in accordance with the ethical guidelines for the profession.

5 Professional Responsibility and Accountability

- Maintain accountability in the public interest.
- Ensure that practice meets the legislative requirements and professional standards of the profession.
- Assume primary responsibility for maintaining own competence and fitness to practise.

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500 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6
Phone 604 736 3621
Toll Free 1 800 663 9169
Fax 604 734 9448
Toll Free Fax 1 866 734 9448
www.cdsbc.org



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:

\$50

Temporary Registration fee:

\$100

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.