

APPLICATION INSTRUCTIONS FOR CERTIFICATION AS A CERTIFIED SPECIALIST

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Application Fee

Application Fee for current Full Registrant as a Certified Specialist _____ C\$450

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.

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 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 in a recognized specialty in BC?
- 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 the application fee?
- Have you submitted proof of your malpractice insurance?

Please note all incomplete applications will be returned.



APPLICATION FOR CERTIFICATION AS A CERTIFIED SPECIALIST

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.

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

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

Specialty or Post-Graduate Education – Provide copy of degree(s)

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

Certification requested in the specialty of _____

Have you completed the National Dental Specialty Examination provided by the Royal College of Dentists of Canada? Yes No If yes, provide a copy

Date Received M/D/Y _____

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

Provide original (or certified copies of) letters or certificates of standing from **all** licensing jurisdictions in which you **have** or **are** practising since graduation, dated within 30 days 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 CDSBC.

Have you ever been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the *Health Professions Act*, would constitute unprofessional conduct or conduct unbecoming a person registered under the CDSBC Bylaws? Yes No

Are criminal charges pending against you? Yes 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? Yes No

Has your entitlement to practise dentistry been limited, restricted or subject to conditions in any jurisdiction at any time? Yes No

Does your past conduct demonstrate any pattern of incompetency or untrustworthiness that would make registration contrary to the public interest? Yes No

Have you ever voluntarily surrendered your licence/registration? Yes No

Have you ever practised as a dentist without a licence/registration? Yes 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) Yes No

Authorization and Oath

- I am applying to register with the College of Dental Surgeons of British Columbia (CDSBC) under the *Health Professions Act* and 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 "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 dentist in British Columbia.
- I recognize that those who, in good faith, furnish Registration-Related Information to CDSBC in connection with my application for registration have reasonable expectations that such Registration-Related Information will be kept confidential.
- I further understand that CDSBC may take disciplinary action against me, including action to revoke my registration, 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 _____

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)



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.

Note: For persons outside of British Columbia, persons or agencies equivalent to the above in other provinces or states may provide legal notarization of CDSBC application documents.