



Certified Dental Assistant Reinstatement of Lapsed Certification

Certification reinstatement and/or Change of Status notice– Select ONE only

Practising

Non-practising

If holding or transferring to non-practising certification:

- As a non-practising dental assistant, I declare that I will not practice as a certified dental assistant in B.C. without first converting my certification to practising status.

Note: Practise includes work in dental education, research and the provision of clinical care.

Initial here

Surname	Previous Surname (if applicable)
First	Middle
CDSBC Certification #	Birthdate M/D/Y

Contact - Practice			
Address			
City		Phone	Fax
Province	Postal Code	Email	

Contact – Home			
Address			
City		Phone	Fax
Province	Postal Code	Cell	Email

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)

- Includes your name and whether you are a certified dental assistant or former certified dental assistant. Also includes your class of certification, and any additional qualification you acquired and of which the Registrar has been notified. Any limits or conditions placed on your entitlement to provide the services of a CDA, or any notations or revocation or suspensions on your certification may be released to the public.
- Personal information is for internal CDSBC use only.

Level 2 (Professional organizations only)

- Includes **Level 1, plus** personal contact information, which may be released to the Certified Dental Assistants of BC (CDABC).

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.

Quality Assurance Requirements

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

I have practised as a certified dental assistant for _____hours* during the period of January 1, 2007 through February 28, 2010.

* 200 hours minimum for practising registration for 2010-2011. Please provide an estimated number of hours if you do not have precise information.

Note:

- Practise includes work in dental education, research and the provision of clinical care
- CE requirements must be met prior to applying for transfer to practising certification, as though the applicant had been a practising CDA for the period since the CDA held practising certification.

Signature

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

Signature Required

Date

Your registration cannot be renewed without your signature