



## Dentist Reinstatement of Lapsed Registration

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

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

**If holding or transferring to non-practising registration:**

- As a non-practising dentist, I declare that I will not practise dentistry in B.C. without first converting my registration to practising status.

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

\_\_\_\_\_  
Initial here

<b>Surname</b>	<b>Previous Surname (if applicable)</b>
<b>First</b>	<b>Middle</b>
<b>CDSBC Registration #</b>	<b>Birthdate M/D/Y</b>

<b>Contact - Practice</b>			<input type="checkbox"/> I wish to receive mail at this address
<ul style="list-style-type: none"> <li>• Submit any satellite office address(es) on a separate sheet</li> <li>• Practice and satellite offices are published in the <i>Directory of Dentists</i></li> </ul>			
Include email in the <i>Directory of Dentists</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address			
City		Phone	Fax
Province	Postal Code	Email	

<b>Contact – Home</b>			<input type="checkbox"/> I wish to receive mail at this address
Address			
City		Phone	Fax
Province	Postal Code	Cell	Email

<b>Malpractice Insurance</b> <i>(This section must be completed for practising dentists only)</i>	
Select applicable box. <b>Coverage of at least \$3,000,000 is mandatory.</b>	
<input type="checkbox"/> CDSPI	<input type="checkbox"/> 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 *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.

**Level 2 (Professional organizations only)**

- Includes **Level 1, plus** personal contact information, which may be released to the B.C. Dental Association (BCDA) and the Canadian Dental Association.
  - BCDA provide services such as the Fee Guide, member newsletters, information on the Pacific Dental Conference and the Dental Profession Advisory Program (DPAP).

**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 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

I have practised as a dentist for \_\_\_\_\_hours\* during the period of January 1, 2007 through February 28, 2010.

\* 300 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 registration, as though the applicant had been a practising registrant for the period since the dentist held practising registration.

## 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