



## INFORMATION SHEET

### Transfer from Temporary Certified Dental Assistant to Practising Certified Dental Assistant

To transfer to Practising Certification from Temporary Certification, the following must be submitted to the College of Dental Surgeons of BC:

#### Documents & Fees

- Completed Application for Transfer to Practising Certified Dental Assistant
- Proof of successful completion of the NDAEB written examination
- Cheque or money order payable to the College of Dental Surgeons of BC, or completed Credit Card Authorization Form in the applicable amount as follows:

March 2 – August 31, 2009	\$100
After September 1, 2009	\$50

Once the transfer is processed, the College will forward your Practising Certified Dental Assistant certificate and current certification card to you.

#### Please submit the documents and fee to:

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



**Application for Transfer  
 Temporary Certified Dental Assistant to  
 Practising Certified Dental Assistant**  
*under the Health Professions Act*

<b>Surname</b>	<b>Previous Surname (if applicable)</b>
<b>First</b>	<b>Middle</b>
Is the name you are applying under different than the one on your diploma? If yes and not previously submitted, attach legal documents verifying the name change.	
<b>Date of Birth</b> – DD/MMM/YY	<b>Place of Birth</b> – City/Province/Country
<b>Gender</b> <input type="checkbox"/> female <input type="checkbox"/> male	

<b>Temporary CDA Certificate #</b>
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<b>Home Contact (personal)</b>			
Address		City	
Home Phone		Province	Postal Code
Daytime Phone	Cell Phone	Email	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

College of Dental Surgeons

of British Columbia



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](http://www.cdsbc.org)

### VISA/MasterCard Payment Option

Name of Dentist or CDA:		College Registration #
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	Expiry Date:
Card Number:		
Cardholder's Name (please print):		
Cardholder's Signature:	Amount \$	

Your authorizing signature is required; therefore, payment by telephone is NOT an option