



APPLICATION INSTRUCTIONS FOR DENTAL ASSISTANT ASSESSMENT

The assessment process is for Canadian educated Level II dental assistants from outside of British Columbia *and* for American and internationally trained dental healthcare professionals who have earned the National Dental Assisting Examining Board (NDAEB) certificate and wish to become Certified Dental Assistants in B.C.

Minimum credentials required:

- Diploma, certificate or degree from a dental assisting, dental hygiene, or dentistry program.

Contents

- Information sheets:
 - Part A - Canadian Educated Level II Dental Assistants
 - Part B - American and Internationally Trained Dental Healthcare Providers
- Form 23 – Dental Assistant Assessment Application
- Quality Assurance Form
- Applicant Credit Card Authorization Form

Assessment Fee (non-refundable) ____ C\$100

Fees may be paid:

- By credit card – Applicant Credit Card Authorization Form must be completed
- By attaching a cheque or money order payable to CDSBC
- By cash or Interac – only if paid in person at the CDSBC office Monday – Friday from 8:00 am to 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

Please note all incomplete applications will be returned.

Part A - Canadian Educated Level II Dental Assistants

A Level II dental assistant educated outside of B.C., but within Canada, may be eligible for certification in B.C. based on the labour mobility agreement between the regulatory bodies of Canada, under the *Agreement on Internal Trade* and CDSBC Bylaws made under the *Health Professions Act*. A practising certificate or a limited certificate may be issued following this assessment.

Application for, and completion of, an assessment of credentials by CDSBC is required to determine if you are eligible for certification. Upon review of the information provided, you will be notified as to whether you meet the certification requirements

and will be invited to apply for Practising Certification if eligible.

If additional training is needed, you may be eligible for Limited Certification which will permit you to perform the services of a practising CDA, except for those restricted activities which require further training. Formal education for these skills must be undertaken at an accredited CDA program within one year. When CDSBC receives proof of successful completion of this education, you will then be eligible to transfer your Limited Certification to Practising Certification.

Eligibility Requirements

- you are a graduate of a Canadian Level II dental assisting program or dental program;
- you hold valid and non-restricted certification, registration or licensure as a Level II dental assistant or dentist in another Canadian jurisdiction OR
- you have been practising as the equivalent of a practising certified dental assistant or a Level II dental assistant in another Canadian jurisdiction where certification, registration, or licensure is not required for that purpose;
- you are legally permitted to perform the nationally recognized 13 core skills in another *Canadian* jurisdiction;
- you are meeting all applicable continuing education and continuous practice requirements of that other jurisdiction;
- you have at least 600 hours of continuous practice* as a Level II dental assistant or dentist over the preceding three years, and
- you hold either the National Dental Assisting Examining Board (NDAEB) Certificate or the National Dental Examining Board (NDEB) certificate

Checklist

- Have you answered all questions on the Assessment Application and signed it?
- Have you enclosed a copy of your dental assisting school diploma/certificate or dental degree?
- Have you completed and enclosed a Quality Assurance form?
- Have you enclosed a copy of your current Level II dental assisting license/certificate or dental license if applicable?
- Have you requested a current letter of professional standing from each licensing/regulatory authority where you were/are a dental assistant/dentist if applicable? (*This must be dated within one month of application; stating date of registration and licensure and any limitations or conditions that may be attached to licensure and/or any disciplinary action.*)
- Have you enclosed a copy of your NDAEB/NDEB certificate if applicable?
- Have you enclosed a copy of name change documents if your name is now different than the one on your education and examination credentials?
- Have you enclosed payment for the Assessment fee?

**Acceptable continuous practice activities include the provision of clinical dental treatment and/or consultation, employment as a dental educator or researcher, or full-time enrollment in a dental education program.*

Part B - American and Internationally Trained Dental Healthcare Professionals

Dental healthcare professionals educated outside of Canada may be eligible for certification in B.C. on completion of this assessment. Application for, and completion of, an assessment of credentials by CDSBC is required to determine if you are eligible for practising certification.

If it has been determined that you require additional training prior to certification, you will be notified in writing which CDA skills you are required to undertake formal education in. This training must take place through an accredited CDA program. When CDSBC receives proof of successful completion of this, you will then be invited to apply for Practising Certification.

NOTE: Successful completion of the National Dental Assisting Examining Board (NDAEB) written examination and Clinical Practice Evaluation (CPE) is mandatory. Please visit the NDAEB website (www.ndaeb.ca) for examination details and applications.

Eligibility Requirements

- you are a graduate of a Level II dental assisting program, dental hygiene program, or dentistry program;
- you have provided your academic credentials for review to a Canadian international qualifications assessment service (e.g. The International Credential Evaluation Service – www.bcit.ca/ices), and
- you have earned the NDAEB certificate

Checklist

- Have you answered all questions on the Assessment Application and signed it?
- Have you completed and enclosed a Quality Assurance Form?
- Have you enclosed a copy of your dental assisting / dental hygiene / dental degree / diploma / certificate?
- Have you enclosed a copy of your current license / certificate / registration?
- Have you enclosed a copy of your complete qualification credential report? (eg: ICES Report)
- Have you requested a current letter of professional standing from the licensing/regulatory authority where you were/are a dental assistant / dental hygienist / dentist? (*This must be dated within one month of application; stating date of registration and licensure and any limitations or conditions that may be attached to licensure and/or any disciplinary action.*)
- Have you enclosed a copy of your NDAEB certificate?
- Have you enclosed a copy of name change documents if your name now is different than the one on your education and examination credentials?
- Have you enclosed payment for the Assessment fee?



APPLICATION FOR ASSESSMENT FOR DENTAL ASSISTANT CERTIFICATION

Surname _____

Previous Surname (if applicable) _____

First _____ **Middle** _____

Preferred Name _____

Is the name you are applying under different than the one on your diploma? If yes, provide a copy of legal documents certifying the name change. i.e.: marriage certificate, legal name change decree.

Date of birth – M/D/Y _____ **Gender** female male

Home

You must provide a valid home address and contact information, including an email address

Address _____ Phone _____

City _____ Cell _____

Province _____ Postal Code _____

Personal Email (for confidential/personal information from CDSBC) _____

Colleges or Universities Attended

Enclose a copy of your dental assisting/dental hygienist/dental degree/diploma/certificate.

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

Have you ever been or are you licensed or certified elsewhere as a healthcare provider?

Yes No If yes, complete the following:

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

Original letters or certificates of standing from all licensing jurisdictions where you have been or are licensed/registered/certified as a healthcare provider, dated within 30 days of this application, must be sent directly to CDSBC from that regulatory/licensing organization.

While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct? Yes No

If "yes", provide details of the allegations, suspension, expulsion or penalty imposed upon you.

Have you ever applied for registration/certification/licensure as a healthcare provider in another jurisdiction and been denied? Yes No If yes, please provide details.

Have you successfully completed the National Dental Assisting Examining Board (NDAEB) written exam or National Dental Examining Board (NDEB) certification? Yes No N/A

Have you successfully completed the NDAEB Clinical Practice Evaluation (CPE)? If yes, please provide a copy. Yes No N/A

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 _____ **Date – M/D/Y** _____



QUALITY ASSURANCE FORM

Continuous Practice

Please provide details of continuous practice as a licensed/regulating dental healthcare provider (defined as 600 hours over the preceding three years). Acceptable continuous practice activities include the provision of clinical dental treatment and/or consultation, employment as a dental educator or researcher, or full-time enrollment in a dental education program.

Note: Hours spent working as an unregistered assistant are not recognized as continuous practice hours.

Year	Practice Location – City, Prov/State	# of Hours/Year
20 ____		
20 ____		
20 ____		
20 ____		

Continuing Education (CE)

Please provide a summary of continuing education credits received over the preceding three years *and* attach a copy of your continuing education transcript from your licensing/regulatory authority.

Year	# of Credit Hours Obtained/Year
20 ____	
20 ____	
20 ____	

Name of Applicant: _____

Signature (required) _____

Date – M/D/Y _____

MAKE SURE YOU HAVE SIGNED THIS FORM.



APPLICANT CREDIT CARD AUTHORIZATION FORM

Applicant name: _____

VISA Mastercard

Card number: _____ **Expiry:** _____

Application fee:

C\$100 Dental Assistant Assessment Application Fee

Cardholder's name (please print): _____

Cardholder's signature: _____

Payment by phone and debit-credit card is not available. Your signature is required to authorize payment.

MAKE SURE YOU HAVE SIGNED THIS FORM.