



## APPLICATION INSTRUCTIONS FOR DENTAL ASSISTANT ASSESSMENT

The assessment process is for Canadian educated Level II dental assistants from outside of British Columbia who are **not** currently registered in another Canadian jurisdiction or 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

**Assessment Fee** (non-refundable) \_\_\_\_ C\$100

**Please indicate how you would like to pay by checking off the appropriate box below:**

- By Credit Card – Once your application has been received and reviewed, you will receive an email notification to pay the assessment fee.
- By Cheque or Money Order – enclosed with application.

**Please submit, by mail or courier, all completed forms, documents and fees (if not paying online) to:**

College of Dental Surgeons of BC  
110 – 1765 West 8th Avenue  
Vancouver, BC V6J 5C6

**NOTE: Please ensure you submit all required information. Incomplete information will delay the processing of your application. Incomplete applications may be returned.**

**PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.**

## Part A – Canadian Educated Level II Dental Assistants Who Are Not Currently Registered in Another Canadian Jurisdiction

A Level II dental assistant educated outside of B.C., but within Canada, may be eligible for certification in B.C. 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 it has been determined that you require additional training prior to certification, 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 Dental Assisting 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.

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### Eligibility Requirements

- you are a graduate of a Canadian Level II dental assisting program;
- 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 over the preceding three years, and
- you have earned the National Dental Assisting Examining Board (NDAEB) Certificate

### Checklist

- Have you answered all questions on the Assessment Application and signed it?
- Have you enclosed a notarized copy of your dental assisting school diploma/certificate or dental degree?
- Have you completed and enclosed a Quality Assurance form?
- Have you enclosed a notarized copy of your NDAEB certificate?
- 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, employment as a dental educator, 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 you require additional training prior to certification, 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 Dental Assisting 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.

**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](http://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; 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 notarized 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 notarized copy of your NDAEB certificate?
- Have you enclosed a notarized copy of your Clinical Practice Evaluation (CPE)?
- 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** \_\_\_\_\_

If the name you are applying with is different than the one on any of your supporting documents, you must provide a copy of legal documents certifying the name change (ie. 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 \_\_\_\_\_

Main Email (for confidential/personal information from CDSBC) \_\_\_\_\_

**Colleges or Universities Attended** – Enclose a notarized copy of your dental assisting/dental hygiene/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/registered/certified elsewhere as a healthcare provider?**

Yes  No If yes, complete the following:

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

**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?** Provide notarized copy of NDAEB certificate.  Yes  No  N/A

**Have you successfully completed the NDAEB Clinical Practice Evaluation (CPE)?**

If yes, provide notarized copy of letter of successful completion.  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, employment as a dental educator, 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 *and* attach a copy of your continuing education transcript from your licensing/regulatory authority (defined as 36 credits over the preceding three years).

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.**