



## Application For Dental Radiography Module Acknowledgment Document

This application is for those persons who have successfully completed a Dental Radiography Module at a Canadian institution that has been accredited by the Commission on Dental Accreditation of Canada (CDAC).

The following *must* accompany this application:

- A notarized copy of proof of successful completion of a CDSBC approved accredited radiography program,
- Criminal Record Check (CRC) Authorization form,
- A photocopy of your **government issued photo identification** which displays your name, date of birth, signature and photo (ie. driver's license or passport) that must be notarized by a Commissioner for Oaths, **and**
- A C\$78 fee (*cheques or money orders, payable to CDSBC or credit card*).

**Surname** \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_

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

**Place of birth** – City/Province/Country \_\_\_\_\_

### Home

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

### Practice

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** – M/D/Y \_\_\_\_\_

**MAKE SURE YOU HAVE SIGNED THIS FORM.**

## Fees

**Authorization for a Criminal Record Check** \_\_\_\_\_ C\$28

**Radiography Module Designation** \_\_\_\_\_ C\$50

**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 Criminal Record Check fee online. Once your application is ready to be finalized, you will receive a second email notification to pay the designation fee online.
- By Cheque or Money Order – enclosed with application.

If paying by cheque or money order, note that the designation and Criminal Record Check fees must be separate payments.

**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.**



## CRIMINAL RECORD CHECK AUTHORIZATION

### Applicant Name

\_\_\_\_\_  
Surname First name Middle name

**Other names used or have used** (e.g. maiden name, birth name, previous married name, preferred name)

\_\_\_\_\_  
Surname First name Middle name

\_\_\_\_\_  
Surname First name Middle name

\_\_\_\_\_  
Surname First name Middle name

**B.C. Driver's Licence # (if applicable)** \_\_\_\_\_

### Consent for Release of Information and Acknowledgements

PURSUANT TO THE B.C. *CRIMINAL RECORDS REVIEW ACT*

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the *Criminal Records Review Act*.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the *Criminal Records Review Act*.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

I have read and understand the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.

**Applicant Signature** \_\_\_\_\_ **Date – M/D/Y** \_\_\_\_\_

The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the **Freedom of Information and Protection of Privacy Act (FOIPPA)**. The information provided will be used to fulfil the requirements of the *Criminal Records Review Act* for the release of criminal records information and is in compliance with the *FOIPPA*.

MAKE SURE YOU HAVE SIGNED THIS FORM.



## COMMISSIONER FOR OATHS INFORMATION SHEET

According to Section 60 of the *BC Evidence Act*, the following persons are, because of their office or employment, commissioners for taking affidavits for British Columbia:

- a) a judge of a court in British Columbia;
- b) justices;
- c) registrars, deputy registrars, district registrars and deputy district registrars of the Supreme Court;
- d) practising lawyers as defined in section 1 (1) of the *Legal Profession Act*;
- e) notaries public;
- f) the local government corporate officer and that person's deputy;
- g) the secretary treasurer of a board of school trustees;
- h) the directeur général of a francophone education authority as defined in the *School Act*;
- i) coroners;
- j) government agents and deputy government agents;
- k) other classes of office holder or employment the Attorney General prescribes.

**Note:** For persons outside of British Columbia, persons or agencies equivalent to the above in other provinces or states may provide legal notarization of CDSBC application documents.