



APPLICATION FOR DENTAL RADIOGRAPHY ACKNOWLEDGEMENT 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) within.

Note: HARP Certificates are not recognized

The following *must* accompany this application:

- A copy of your official transcript verifying successful completion of the dental radiography theory and clinical course **or**
- An original written confirmation from the Program Coordinator of a CDAC accredited Dental Assisting Program indicating successful completion of the above courses, **and**
- A C\$36 fee (*cheque or money order, payable to CDSBC or credit card using the attached form*)

Surname _____

First _____ **Middle** _____

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 _____ Province _____ Postal Code _____

Personal Email (for confidential information from CDSBC) _____

Practice

Address _____ Phone _____

City _____ Province _____ Postal Code _____

Email _____

Radiography Course completed at (*Name and location of accredited institution*):

Date Course Completed – M/D/Y _____

**If you completed the radiography course more than 3 years ago,
when and in what province did you last provide this service?** _____

Signature of Applicant _____ **Date** – M/D/Y _____

MAKE SURE YOU HAVE SIGNED THIS FORM.



APPLICANT CREDIT CARD AUTHORIZATION FORM

Applicant name: _____

VISA Mastercard

Card number: _____ **Expiry:** _____

Dental Radiography Acknowledgement:

C\$36

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.