



## APPLICATION FOR CERTIFIED DENTAL ASSISTANT ORTHODONTIC DESIGNATION

This application is for those CDAs who have successfully completed a recognized Orthodontic 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 copy of your official certificate verifying successful completion of the dental orthodontic 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.
- A C\$36 (*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 \_\_\_\_\_

**Orthodontic Module completed at** (*Name and location of accredited institution*):

**Date Course Completed** – M/D/Y \_\_\_\_\_

**If you completed the orthodontic module more than 3 years ago, when and in what province did you last provide this service?** \_\_\_\_\_

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

**Note:** If currently a CDSBC CDA, 22 Continuing Education credits will be added to your CE Transcript if this module was completed within your current CE cycle.

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



## APPLICANT CREDIT CARD AUTHORIZATION FORM

**Applicant name:** \_\_\_\_\_

VISA       Mastercard

**Card number:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

**Orthodontic Module Designation:**

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.**