



APPLICATION INSTRUCTIONS FOR REINSTATEMENT PRACTISING CERTIFIED DENTAL ASSISTANT

This package is for Certified Dental Assistants who have lapsed certification over 60 days and wish to reinstate their certification with CDSBC. **Note: If your certification has been lapsed for less than 60 days please contact CDSBC.**

Contents

- Form 25: Application for Reinstatement as a Practising Certified Dental Assistant
- Form 18: Statutory Declaration (CDA)
- Applicant Credit Card Authorization Form
- Commissioner for Oaths Information Sheet
- Criminal Record Check Authorization

Checklist

- Have you answered all questions on the application forms?
- Have you attached a passport-sized head and shoulder photograph to your application?
Note: – photo must be attached to application prior to notarization
- Have you enclosed a copy of name change documents if your name has changed?
- Have you signed and dated your application form?
- Have you enclosed payment for the reinstatement, Criminal Record Check and certification fees?

- Have you completed and enclosed the Criminal Record Check (CRC) Authorization form? CDSBC will forward the CRC Authorization to the Ministry of Public Safety and Solicitor General on your behalf.
- Have you had the following **notarized** by a Commissioner for Oaths who has applied a stamp or seal?
 - Your **photo** on page 1 of the application.
 - The Statutory Declaration.
 - A photocopy of your **government issued photo identification** which displays your name, date of birth, signature and photo (ie. driver's license or passport). This is required for your CRC.
- If licensed or previously licensed in another jurisdiction, have you:
 - requested a Letter of Standing from that licensing or regulatory authority?
 - submitted a completed Quality Assurance Form?

Please note all incomplete applications will be returned.

Fees

Reinstatement Fee (non-refundable) ____ C\$140

Consent for a Criminal Record Check C\$28

Certification Fee for 1 March 2018 to 28 February 2019 (non-refundable after certification is granted)

If certification is finalized between
1 March – 31 August _____ C\$130

Half-year pro-ration – if certification is finalized
between September 1 – February 28 _____ C\$65

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.

If paying by cheque or money order, note that the reinstatement and Criminal Record Check fees can go together but a separate payment of the certification fee is required.

Please submit all completed forms, documents and fees to:

College of Dental Surgeons of BC
500 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6



APPLICATION FOR REINSTATEMENT PRACTISING CERTIFIED DENTAL ASSISTANT

Attach a passport sized photo taken within the past 12 months

Photo must be attached prior to notarization

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

Place of birth – City/Province/Country _____

Identification – A **notarized** copy of government issued ID is required. (select one)

Drivers license number _____ issued by (Prov/State) _____

BC Identification Card number _____

Passport number _____ issued by (Country) _____

Notary Stamp/
Seal here
(must overlap photo)

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 information from CDSBC) _____

Practice

Address _____ Phone _____

City _____ Province _____

Postal Code _____ Email _____

Privacy and Security

CDSBC must collect and manage certain personal information to fulfill its regulatory purpose as set out in the *Health Professions Act*. Additionally, CDSBC is designated as a public body under the *Freedom of Information and Protection of Privacy Act (FOIPPA)*. CDSBC collects and manages information in accordance with the HPA, FOIPPA, and other applicable laws.

Some of the information CDSBC collects must be publicly accessible pursuant to the HPA. You may also wish for CDSBC to provide your contact information to other professional organizations for the purposes stated. Please provide your instructions below:

Consent Levels for Release of Information

The HPA and the CDSBC Bylaws require that certain information be included in the CDSBC register and be publicly accessible. **Level 1** includes a list of the information which will appear in the register and on the CDSBC web site. This is mandatory by law.

Level 1, below, is the minimum required however you may wish to allow for other use of your information as outlined below in Level 2 and Level 3. Please check one box below.

Level 1 (Minimum required by law)

- Your name, class of certification and any additional qualifications recognized by CDSBC which you have acquired and of which the Registrar has been notified; and
- Any limits or conditions placed on your entitlement to provide the services of a CDA, and any notations or revocation or suspensions on your certification.

Level 2

This consent level, in addition to **Level 1**, allows for personal contact information to only be released and used by CDSBC and the Certified Dental Association of British Columbia (CDABC).

Level 3

This consent level, in addition to **Levels 1 & 2**, allows for personal contact information to be released to selected third parties for professional purposes only.

- Professional purposes may include CE opportunities, dental conferences, and information from component societies or about individual CDSBC election campaigns.
- This does not include commercial enterprises providing products or services.

Have you 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.

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. (use separate sheet if necessary)

Quality Assurance Requirement

Have you engaged in the practice of dental assisting in another jurisdiction over the preceding three years?

Yes No

Continuous Practice over the preceding three calendar years

Practice hours in 20___: 20___: 20___:

Indicate specific number of hours, e.g. 500.

Note: 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.

Continuing Education

Please attach a copy of your current continuing education transcript from any **other** regulatory/licensing body if applicable indicating that you have met the requirements of that body.

Application Questions

All of the following questions **must** be answered. A written explanation must be given for all affirmative answers (use a separate sheet if necessary). Information provided is **confidential** to CDSBC.

Do you have a medical condition that could affect your ability to safely practise dentistry? (Examples: mental or physical ailment, psychiatric disorder, addiction, blood borne pathogens)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for any type of misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently charged with a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any complaint or disciplinary action been taken against you by any licensing authority for dentistry or any other profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At the present time, are there any investigations, reviews or proceedings taking place in any jurisdiction concerning your practice of dentistry or any other profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been found guilty of professional misconduct or incompetence in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your registration as a dental assistant or in any other profession ever been suspended, revoked or restricted in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever voluntarily surrendered your licence/registration as a professional in another jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied registration/licensure by any health profession regulator in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Authorization and Oath

- I am applying to be certified as a practising certified dental assistant with the College of Dental Surgeons of British Columbia (“CDSBC”) pursuant to the Bylaws made under the *Health Professions Act*. In consideration of CDSBC’s processing of my application, by my signature below, I authorize CDSBC to make reasonable and lawful enquiries about me, including enquiries seeking confidential or personal information (in documentary form or otherwise) from any regulatory authority, hospital, educational program, institution or law enforcement agency (collectively, the “Certification-Related Information”), and to then consider and use the Certification-Related Information, all for the sole purpose of determining my fitness for certification as a practising certified dental assistant in British Columbia.
- I have read CDSBC’s *Code of Ethics* and *Standards of Practice for Dentists and Certified Dental Assistants* and understand that they apply to me.
- I recognize that in order to practise I must not only possess current skills and knowledge but also that I need to be in good physical and mental health. I am aware that CDSBC and the BCDA have support programs and recovery pathways for me which will allow for safe return-to-practice should I suffer from an addiction/dependency disease. I acknowledge that should I be medically or physically unfit, my duty to the safety of my patients and my legal/ethical obligations to my profession require that I immediately cease practice and notify CDSBC in strictest confidence. CDSBC will work with me to seek treatment and a pathway back to safe practice. Further information on this is available at www.cdsbc.org.
- I recognize that those who, in good faith, furnish Certification-Related Information to CDSBC in connection with my application for certification have reasonable expectations that such Certification-Related Information will be kept confidential.
- I further understand that CDSBC may take disciplinary action against me, including action to revoke my certification, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for certification.

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



STATUTORY DECLARATION (CERTIFIED DENTAL ASSISTANT)

IN THE MATTER OF AN APPLICATION FOR CERTIFICATION WITH THE COLLEGE OF DENTAL SURGEONS OF BC, IN THE PROVINCE OF BRITISH COLUMBIA, CANADA

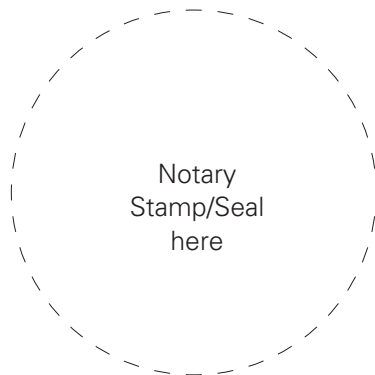
I, _____ (name of applicant), declare that the answers given to the questions in this application and the information I supplied on this application, are true, complete, and accurate in every respect, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if it were made under oath and by virtue of the *Canada Evidence Act*.

Signature of Applicant _____

DECLARED before me at the city of _____, in (country) _____, this _____ day of _____, 20__.

A Commissioner for Oaths or Notary Public _____

(Must include a stamp or seal of Commissioner for Oaths or Notary Public)



THIS FORM MUST BE SIGNED AND STAMPED WITH THE NOTARY SEAL.
APPLICATION MUST BE COMPLETE, WITH PHOTO ATTACHED, PRIOR TO NOTARIZATION.



APPLICANT CREDIT CARD AUTHORIZATION FORM

Applicant name: _____

VISA Mastercard

Card number: _____ **Expiry:** _____

Reinstatement fee:

C\$140

Authorization for a Criminal Record Check:

C\$28

Choose one of the following certification fees:

Certification fee:

- C\$130 Practising CDA (If finalized between 1 March – 31 August)
- C\$65 Practising CDA (Half-year pro-ration if finalized between 1 September – 28 February)
- C\$73 Non-practising CDA (If finalized between 1 March – 31 August)
- C\$58 Non-practising CDA (Half-year pro-ration if finalized between 1 September – 28 February)

Cardholder's name (please print): _____

Cardholder's signature: _____

By signing this form you are authorizing all three fees.

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

MAKE SURE YOU HAVE SIGNED THIS FORM.



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 # _____

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.