



## CERTIFIED DENTAL ASSISTANT – APPLICATION INSTRUCTIONS FOR TRANSFER TO PRACTISING CERTIFIED DENTAL ASSISTANT

### Contents

- Application for Transfer to Practising Certified Dental Assistant
- Applicant Credit Card Authorization Form

### Checklist

- Have you answered all questions on the transfer form?
- Have you enclosed a copy of name change documents if your name has changed?
- Have you provided any supporting documents required to transfer your certification?
- Have you signed the transfer form?
- Have you enclosed payment for the Practising CDA Certification fee?

**Please note all incomplete applications will be returned.**

### Practising CDA Fees

**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 1 September – 28 February \_\_\_\_ 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.

**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 TRANSFER – TO PRACTISING CERTIFIED DENTAL ASSISTANT

**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

**Certification #** \_\_\_\_\_

### 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 (if applicable)

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.

## 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](http://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** \_\_\_\_\_



## APPLICANT CREDIT CARD AUTHORIZATION FORM

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

VISA       Mastercard

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

Choose one of the following certification fees:

**Certification fee:**

C\$130 (If finalized between 1 March – 31 August)

C\$65 (Half year pro-ration if finalized between 1 September – 28 February)

**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.**