



## APPLICATION INSTRUCTIONS FOR CERTIFICATION AS A CERTIFIED SPECIALIST

This registration category is for dentists who hold Full Registration and who are now eligible for certification as a Certified Specialist as they have met the requirements noted below.

Minimum credentials required:

- Full Registration with CDSBC
- a degree or equivalent qualification in a recognized specialty from a listed (accredited) specialty program or equivalent specialty program;
- successful completion of the National Dental Specialty Examination (NDSE)

### Contents

- Form 5: Application for Certification as a Certified Specialist
- Form 2: Statutory Declaration
- Applicant Credit Card Authorization Form
- Commissioner for Oaths Information Sheet

### Checklist

- Have you answered all questions on the application forms?
- Have you submitted all supporting documents verifying your qualifications to be eligible for certification in a recognized specialty in BC?
- Have you signed and dated your application form and had it and the statutory declaration notarized by a Commissioner for Oaths who has applied a stamp or seal?
- Have you enclosed the application fee?

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

### Application Fee

**Application Fee for a current Full Registrant as a Certified Specialist** (non-refundable) \_\_\_\_\_ C\$631

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 CERTIFICATION AS A CERTIFIED SPECIALIST

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

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

Is the name above different from the one on your degree? If yes, provide a copy of legal documents certifying name change, i.e. marriage certificate, legal name change decree.

**CDSBC Registration Number** \_\_\_\_\_ **Date of birth – M/D/Y** \_\_\_\_\_

The *Health Professions Act* requires that all registrants provide a business address and phone number. If you do not have practice contact information, you must include a \*phone number and \*email address that will be published in the *Registrant Lookup*.

**Practice** – Submit any satellite office address(es) on a separate sheet  
Practice and satellite offices are published in the *Registrant Lookup*

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

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ \*Email \_\_\_\_\_

Include email in *Registrant Lookup*

### Home

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

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

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Cell \_\_\_\_\_

Personal Email (for confidential/personal information from CDSBC) \_\_\_\_\_

**I wish to receive mail from CDSBC** (check one only)

at my practice address     at my home address

### Privacy and Security

CDSBC must collect and manage certain personal information to fulfill its regulatory purpose as set out in the *Health Professions Act* (the "HPA"). 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.

**Specialty or Post-Graduate Education** – Provide copy of degree(s)

Name of Institution	City/Country	Dates attended M/D/Y – M/D/Y	Degree Received

**Certification requested in the specialty of** \_\_\_\_\_

**Have you completed the National Dental Specialty Examination (NDSE) provided by the Royal College of Dentists of Canada?**

Yes  No      If yes, provide confirmation.      Date received M/D/Y \_\_\_\_\_

**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)  Yes  No

While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you?  Yes  No

Have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for any type of misconduct?  Yes  No

Are you currently charged with a criminal or other offence in Canada or elsewhere?  Yes  No

Have you ever been convicted of a criminal or other offence in Canada or elsewhere?  Yes  No

Has any complaint or disciplinary action been taken against you by any licensing authority for dentistry or any other profession?  Yes  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?  Yes  No

Have you ever been found guilty of professional misconduct or incompetence in any jurisdiction?  Yes  No

Has your registration in dentistry or any other profession ever been suspended, revoked or restricted in any way?  Yes  No

Have you ever voluntarily surrendered your licence/registration as a professional in another jurisdiction?  Yes  No

Have you ever practised as a dentist or other professional without a licence/registration?  Yes  No

Have you ever been denied registration/licensure by any health profession regulator in any jurisdiction?  Yes  No

**Authorization and Oath**

- I am applying to register with the College of Dental Surgeons of British Columbia (“CDSBC”) under the Health Professions Act and 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 “Registration-Related Information”), and to then consider and use the Registration-Related Information, all for the sole purpose of determining my fitness for registration as a Certified Specialist 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 Registration-Related Information to CDSBC in connection with my application for registration have reasonable expectations that such Registration-Related Information will be kept confidential.
- I further understand that CDSBC may take disciplinary action against me, including action to revoke my registration, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for registration.
- I am aware of the Health Professions Act of British Columbia and the CDSBC Bylaws and do solemnly declare that I will uphold the honour and dignity of the profession and adhere to the Health Professions Act of British Columbia and the CDSBC Bylaws.

**Attestation Statement**

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*.

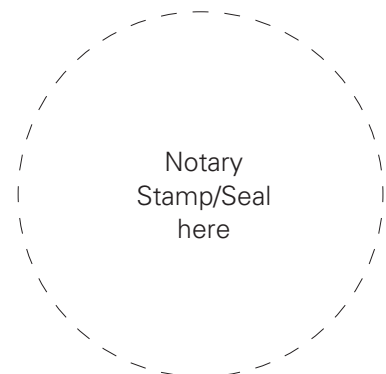
Signature of Applicant \_\_\_\_\_

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 and on Form 2 Statutory Declaration.





## STATUTORY DECLARATION (DENTISTS/STUDENT PRACTITIONERS)

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

I, \_\_\_\_\_,  
of (City/Country) \_\_\_\_\_

do solemnly declare that:

1. I am a person of good character.
2. I am aware of the *Health Professions Act* of British Columbia and the regulations and Bylaws of the College of Dental Surgeons of British Columbia made pursuant to that Act.
3. I will practise at all times in compliance with the *Health Professions Act* of British Columbia and the regulations and Bylaws of the College of Dental Surgeons of British Columbia made pursuant to that Act.

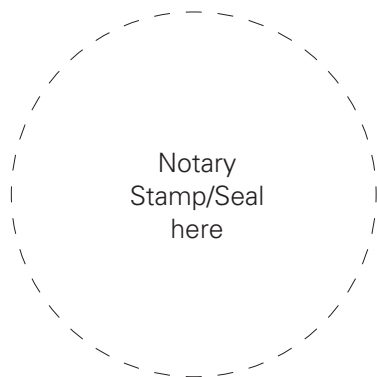
AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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.**



## APPLICANT CREDIT CARD AUTHORIZATION FORM

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

VISA       Mastercard

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

**Application fee:**

C\$631

**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.**



## 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.