



## DENTIST – FULL, SPECIALIST, ACADEMIC, NON-PRACTISING REINSTATEMENT OF LAPSED REGISTRATION INSTRUCTIONS

This application package is for dentists who have lapsed registration over 60 days and wish to reinstate their registration with CDSBC. **Note: If your registration has been lapsed less than 60 days please reinstate using the current online renewal process at [www.cdsbc.org](http://www.cdsbc.org).**

### Contents

- Form 15: Reinstatement of Lapsed Registration Application
- Form 2: Statutory Declaration
- Quality Assurance Form
- Applicant Credit Card Authorization Form
- Commissioner for Oaths Information Sheet
- Criminal Record Check Authorization

### Checklist

- Have you answered all questions on the reinstatement form?
- 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 enclosed payment for the reinstatement, Criminal Record Check and registration fees?
- Have you signed and dated your application form?

- Have you had the following **notarized** by a Commissioner for Oaths who has applied a stamp or seal?
  - Your **photo** on page 1 and the bottom of page 5 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).
- Have you applied for your malpractice insurance?
- If registered/licensed or previously registered/licensed in another jurisdiction, have you:
  - requested a Letter or Certificate of Standing from that licensing or regulatory authority?
  - submitted a completed Quality Assurance Form?
- 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.

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

## Fees

### Reinstatement Fees (non-refundable)

Lapsed over 60 days

- practising registration \_\_\_\_\_ C\$698
- non-practising registration \_\_\_\_\_ C\$279

### Consent for a Criminal Record Check \_\_\_\_\_ C\$28

### Registration Fee for 1 March 2018 to 28 February 2019 (non-refundable after registration is granted)

- If registration finalized between  
1 March – 31 August \_\_\_\_\_ C\$3,078\*
- Half-year pro-ration –  
If registration finalized between  
1 September – 28 February \_\_\_\_\_ C\$1,539\*
- Non-practising \_\_\_\_\_ C\$698

\*Includes British Columbia Dental Association (BCDA) membership fee +GST.

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 registration 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



## DENTIST REINSTATEMENT OF LAPSED REGISTRATION

Registration Category – Select ONE only

- Full Registration (Practising)       Non-practising  
 Certified Specialist                       Academic  
 Restricted to Specialty

Surname \_\_\_\_\_  
 Previous Surname (if applicable) \_\_\_\_\_  
 First \_\_\_\_\_  
 Middle \_\_\_\_\_  
 Preferred Name \_\_\_\_\_

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 \_\_\_\_\_

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) \_\_\_\_\_

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*

Attach a passport sized photo taken within the past 12 months

**Photo must be attached prior to notarization**

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 \_\_\_\_\_ 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.

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 practice address, telephone number, and email address (if requested);
- The year of your graduation, and the year of your initial registration with CDSBC;
- The class of registration held, and any limits or conditions imposed on your registration, including any notations of cancellation or suspension of your registration; and
- Additional CDSBC registered qualifications, such as for sedation.

 **Level 2**

This consent level, in addition to **Level 1**, allows for personal contact information (mailing address) to only be released to the BC Dental Association (BCDA) and the Canadian Dental Association (CDA).

- BCDA provides services such as the Fee Guide, member newsletters, information on the Pacific Dental Conference and the Dental Profession Advisory Program (DPAP).

 **Level 3**

This consent level, in addition to **Levels 1 & 2**, allows for personal contact information (mailing address) 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.

**Dental Education** – Provide copy of degree(s)

| Name of Institution | City/Country | Dates attended<br>M/D/Y – M/D/Y | Degree<br>Received |
|---------------------|--------------|---------------------------------|--------------------|
|                     |              |                                 |                    |
|                     |              |                                 |                    |

**Do you have a National Dental Examining Board (NDEB) certificate?**       Yes     No

Certificate number \_\_\_\_\_ Date Received M/D/Y \_\_\_\_\_

**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 \_\_\_\_\_

**Quality Assurance**

Have you engaged in the practice of dentistry in another jurisdiction over the preceding three years? If yes, complete the Continuous Practice portion of the attached Quality Assurance form.

Have you completed dental continuing education during the past three years? If yes, complete the CE portion of the attached Quality Assurance Form and attach a transcript from your licensing jurisdiction(s).

**Have you been or are you registered/licensed elsewhere as a healthcare provider?**

Yes     No    If yes, complete the following:

| Jurisdiction | City/Country | Time Period<br>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 to CDSBC directly from that regulatory/licensing organization.**

**Have you ever applied for registration/licensure as a healthcare provider in another jurisdiction and been denied?**     Yes     No      If yes, please provide details. (use separate sheet if necessary)

**Professional Liability Insurance**

**Have you applied for your Professional Liability Insurance?**

Yes  No

Select applicable box. Coverage of at least \$3,000,000 for British Columbia is mandatory.

CDSPI  Other \_\_\_\_\_

**Note:** if you already have liability insurance in another jurisdiction, please confirm that the coverage extends to B.C. You will need to provide a copy of your policy if so.

**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 reinstate my registration 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 dentist 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*.

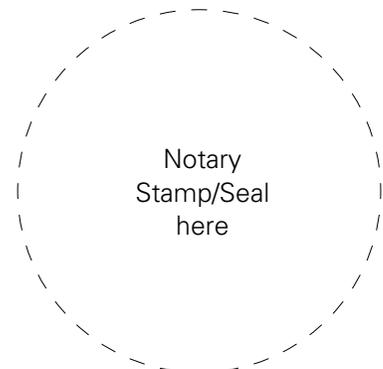
Signature of Applicant \_\_\_\_\_

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 on page 1 of the application (where indicated), on this page 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*.

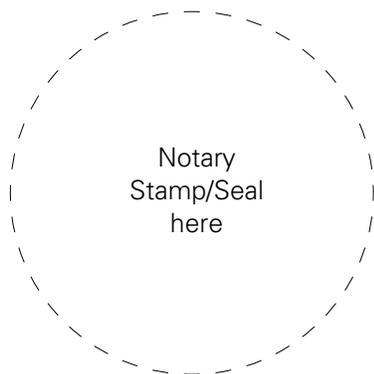
AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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)





## QUALITY ASSURANCE FORM

### Continuous Practice

Please provide details of continuous practice (defined as at least 900 hours over the preceding three years). 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.

| Year    | Practice Location – City, Prov/State | # of Hours/Year |
|---------|--------------------------------------|-----------------|
| 20 ____ |                                      |                 |
| 20 ____ |                                      |                 |
| 20 ____ |                                      |                 |
| 20 ____ |                                      |                 |

### Continuing Education (CE)

Please provide a summary of continuing education credits received over the preceding three years *and* attach a copy of your continuing education transcript from your licensing/regulatory authority.

| Year    | # of Credit Hours Obtained/Year |
|---------|---------------------------------|
| 20 ____ |                                 |
| 20 ____ |                                 |
| 20 ____ |                                 |

**Name of Applicant:** \_\_\_\_\_

**Signature (required)** \_\_\_\_\_ **Date – M/D/Y** \_\_\_\_\_

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



## APPLICANT CREDIT CARD AUTHORIZATION FORM

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

VISA       Mastercard

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

Choose one of the following reinstatement fees:

**Reinstatement fee:**

C\$698 Practising – includes Full, Certified Specialist, Restricted to Specialty and Academic Registrations

C\$279 Non-practising Registration

**Authorization for a Criminal Record Check:**

C\$28

Choose one of the following registration fees:

**Registration fee:**

C\$3,078 If finalized between 1 March – 31 August (includes C\$1,600 BCDA membership fee)  
– Practising categories as defined above

OR

C\$1,539 Half year pro-ration if finalized between 1 September – 28 February  
(includes C\$800 BCDA membership fee)  
– Practising categories as defined above

OR

C\$698 Non-practising

**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.