



APPLICATION INSTRUCTIONS FOR LIMITED (STUDENT PRACTITIONER) REGISTRATION

This category is available to dental students who are enrolled as undergraduates in the Faculty of Dentistry at the University of British Columbia (UBC) or another post-secondary educational institution approved by the Registration Committee and are participating in a dental student practitioners program also approved by the Registration Committee.

Minimum credentials required:

- Successful completion of, or have received credit for, the first three years of the undergraduate program at the Faculty of Dentistry at UBC or the equivalent portion of another program as indicated above.

Note: The student practitioner may only perform a restricted activity in a dental office or other clinical setting under the supervision of a dentist.

Contents

- Form 11: Application for Limited (student practitioner) Registration
- Form 2: Statutory Declaration
- 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 separate payments for the application, Criminal Record Check and registration fees?
- Have you signed and dated your application 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.
- 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).
- If you will be working in multiple dental practices, have you provided names of all supervising dentists on a separate sheet?
- Have you applied for your malpractice insurance?

NOTE: Please ensure you submit all required information. Incomplete information will delay the processing of your application. Incomplete applications may be returned.

Fees

Application Fee (non-refundable) _____ C\$83

Consent for a Criminal Record Check ___ C\$28

Registration Fee for 2021 (non-refundable after registration is granted) _____ C\$159

Please indicate how you would like to pay by checking off the appropriate box below:

- By Credit Card – Once your application has been received and reviewed, you will receive an email notification to pay the application and Criminal Record Check fees online. Once your registration is ready to be finalized, you will receive a second email notification to pay the registration fee online.
- By Cheque or Money Order – enclosed with application.

If paying by cheque or money order, note that the application and Criminal Record Check fees may be combined but a separate payment of the registration fee is required.

Please submit, by mail or courier, all completed forms, documents and fees (if not paying online) to:

College of Dental Surgeons of BC
110 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6

PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.



APPLICATION FOR LIMITED (STUDENT PRACTITIONER) REGISTRATION

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)

Surname _____

Previous Surname (if applicable) _____

First _____

Middle _____

Preferred Name _____

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) _____

Home

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

Address _____ Phone _____

City _____ Province _____

Postal Code _____ Email _____

Supervising Dentist Information

If more than one supervising dentist, provide the below information on an additional copy of this application (only page 1 of the application is required). Notarization and photo are not required on additional copy.

Dentist Name _____ Registration # _____

Address _____ Phone _____

City _____ Province _____

Postal Code _____ Cell _____

Email _____

Time Period from: M/D/Y to M/D/Y _____

Professional Liability Insurance**Have you applied for your Professional Liability Insurance?** Yes No**Note:** Please submit application for malpractice insurance coverage to CDSPI. CDSBC will not submit the application to CDSPI on applicant's behalf.

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.

I hereby apply for a Limited (student practitioner) Registration to carry out duties of a dental nature under the **direct, in-office supervision of the dentist named above**. This application is based on the understanding that approval is only given to students who are recommended for participation in this program by the University of British Columbia or other post-secondary institution whose faculty of dentistry and program for dental student practitioners is approved by the Registration Committee.

I will not carry out any duties of a dental nature for which I have not been fully trained, nor will I begin these duties until I have confirmation from CDSBC that this application has been finalized and my registration is effective. I certify that the contents of this application are true and correct.

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



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.
4. While attending at a post-secondary institution, there have not been any allegations of misconduct, including academic misconduct, ever been made against me or have I ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct.

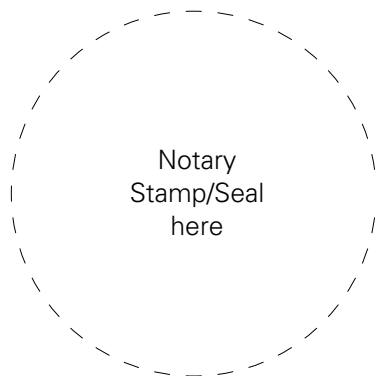
AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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





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 # (if applicable) _____

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.