



## 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
- 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 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?

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

## Fees

**Application Fee** (non-refundable) \_\_\_\_\_ C\$73

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

**Registration Fee for 2018** (non-refundable after registration is granted) \_\_\_\_\_ C\$140

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 application 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



**CDSBC** | College of Dental Surgeons  
of British Columbia

## APPLICATION FOR LIMITED (STUDENT PRACTITIONER) REGISTRATION

**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

Dentist Name \_\_\_\_\_ Registration # \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

Time Period from: M/D/Y to M/D/Y \_\_\_\_\_

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 \_\_\_\_\_

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)**



## 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.

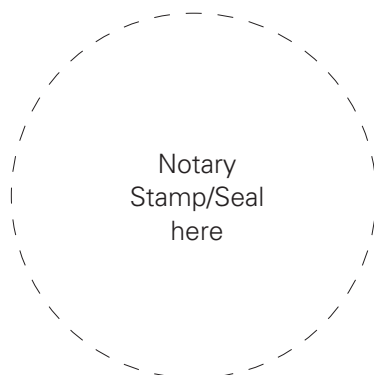
AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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.





## APPLICANT CREDIT CARD AUTHORIZATION FORM

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

VISA       Mastercard

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

**Application fee:**

C\$73

**Authorization for a Criminal Record Check:**

C\$28

**Registration fee:**

C\$140

**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.

For assistance in filling out this application call: **CDSPI Advisory Services Inc.**  
1-800-561-9401 E-mail: insurance@cdspi.com

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Please complete all pertinent questions to avoid processing delays and return to: **CDSPI**,  
155 Lesmill Road, Toronto, Ontario M3B 2T8 Fax: 1-866-337-3389 (toll-free) or (416) 296-8920

## INDIVIDUAL INFORMATION \*Student Practitioner Program

### Section 1 Applicant Information and Party To Be Insured

**1.** Name (*please print*):

Check one:  Mr.  Mrs.  Miss  Ms.

\_\_\_\_\_  
Last First Middle or Middle Initial

**2.** Gender \_\_\_\_\_

**3.** Birthdate:     
Day Month Year

**4.** Mailing Address:

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

**5.**

\_\_\_\_\_  
Business Telephone Home Telephone

\_\_\_\_\_  
Mobile Telephone Fax

**6.**

\_\_\_\_\_  
E-mail address (*please include to expedite the application process*)

**7.** STATUS: Student

*Coverage applies only to professional services performed while working under the direction or supervision of a licensed dentist.*

**8.** Account Number, if known:

**9.** Language Preference:  English  French

Continued... ►



# COVERAGE APPLIED FOR

## Section 2 Coverage Details

1. A. Amount of insurance applied for: \$3,000,000

B. Deductible: N/A

Coverage is effective on the later of the license date or the date a valid application is received by CDSPI.

## Section 3 Coverage Dates

1. Please indicate below expected licensing dates:

Start date: 

Day	Month	Year							

End date: 

Day	Month	Year							

2. I have or will have a student licence for the following province(s):

\_\_\_\_\_  
Name of province(s)

# DECLARATION AND AUTHORIZATION

## Section 4 To Be Read, Signed and Dated By the Person To Be Insured

Malpractice Information: I agree that information on claims made against my Malpractice coverage may be disseminated by Aviva Insurance Company of Canada to CDSPI or CDSPI Advisory Services Inc. (CDSPI's licensed affiliate), and that such information and confirmation of my insurance coverage status MAY be transmitted to the licensing body of the appropriate province if this information is so requested.

I apply to Aviva Insurance Company of Canada for the insurance indicated above. The information provided by me is true and complete and Aviva Insurance Company of Canada may rely on it in issuing insurance coverage to me. I acknowledge receipt of and confirm my agreement with the Notice on Privacy and Confidentiality. A photocopy or facsimile of this authorization shall be as valid as the original.

I declare that, except as described below, I do not now have knowledge of or information concerning any claim, notice of claim, demand, or suit for professional negligence and there is not any claim or suit pending against me arising out of the performance or non-performance of professional services. I further declare that no claim has been or has to be paid by me or on my behalf and no judgment has been entered against me for damages on account of any malpractice, error, or any alleged malpractice, error, or mistake occurring in the practice of my profession except as follows:

### Disclosure of claims information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: 

Day	Month	Year							

 **AVIVA** Malpractice Insurance is underwritten by Aviva Insurance Company of Canada.

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## NOTICE ON PRIVACY AND CONFIDENTIALITY – Must be detached, read and retained by the person to be insured

Aviva Insurance Company of Canada is committed to protecting your personal information and using or disclosing it only for the purposes for which it is collected. When you apply for insurance, consumer and previous insurance reports containing personal, credit, factual, investigative or previous claim and loss information about you may be sought in connection with these matters. By submitting your application, you consent to Aviva collecting, using or disclosing personal information collected in connection with this application. If you wish to withdraw your consent you must notify Aviva immediately in writing. For more information about how Aviva uses and protects your personal information, please refer to Aviva's privacy statement at [www.avivacanada.com](http://www.avivacanada.com). You may request to review and make corrections to the personal information in the insurer's file by writing to Aviva Canada Inc., Attention: Privacy Officer, 2206 Eglinton Ave. East, Scarborough, Ontario M1L 4S8, or sending an e-mail to [CAPrivacyOfficer@avivacanada.com](mailto:CAPrivacyOfficer@avivacanada.com)

Access to information which you provide to CDSPI or CDSPI Advisory Services Inc. will be restricted to those employees, mandataries, administrators, agents or brokers who are responsible for underwriting, marketing and administration of services and the processing, facilitating and investigation of claims and to any other person you authorize or as authorized by law. You may request to review and make corrections to the personal information contained in your file at CDSPI or CDSPI Advisory Services Inc. by writing to: The Chief Privacy Officer, 155 Lesmill Road, Toronto, Ontario M3B 2T8