



DENTIST – LIMITED REGISTRATION CLASSES REINSTATEMENT 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 online renewal process at www.cdsbc.org.**

Contents

- Form 15: Reinstatement of Lapsed Registration Application
- Form 2: Statutory Declaration
- Quality Assurance 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 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 4 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 provided a letter confirming your employment?
- 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.

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

Fees

Reinstatement Fee _____ C\$0

Consent for a Criminal Record Check ___ C\$28

Registration Fee for 1 March 2021 to 28 February 2022 (non-refundable after registration is granted)

Limited (education) _____ C\$792

Limited (research) _____ C\$83

Limited (volunteer) _____ C\$0

Limited (armed services) _____ C\$792

Limited (post-graduate) _____ C\$316

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 reinstatement 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.



DENTIST REINSTATEMENT

Attach a passport sized photo taken within the past 12 months

Photo must be attached prior to notarization

Registration Category – Select ONE only

- Limited (post-graduate) Limited (volunteer)
- Limited (armed services) Limited (research)
- Limited (education)

Surname _____

Previous Surname (if applicable) _____

First _____ Middle _____

Preferred Name _____

If the name you are applying with is different than the one on any of your supporting documents, you must provide a copy of legal documents certifying the name change (ie. 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* (the “HPA”) requires that all registrants provide a business address and phone number. If you do not provide practice contact information, you must include a *phone number and *email address that will be published in the *Registrant Lookup*.

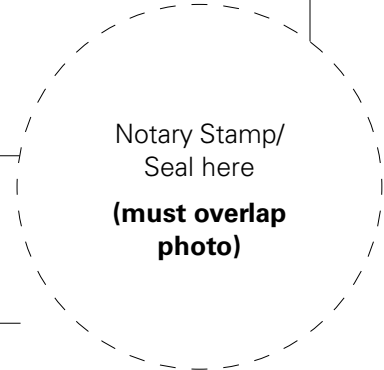
Practice – Practice office is published in the *Registrant Lookup*.

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 _____
 Main 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 Wellness Program (DWP).

 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.
- This does not include commercial enterprises providing products or services.

Dental Education – Provide a **notarized** copy of your degree(s) if not previously provided to CDSBC or if not currently registered in another Canadian jurisdiction.

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

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

If yes, provide a **notarized** copy of your NDEB certificate if not previously provided to CDSBC or if not currently registered in another Canadian jurisdiction.

Certificate number _____ 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, please provide details.

Jurisdiction	Address	Time Period M/D/Y – M/D/Y

IMPORTANT: If you are or have ever been registered/licensed in another province or country, please contact that provincial or national regulatory body to request a Certificate of Standing or Letter of Standing for your CDSBC application. The Certificate must be delivered directly to CDSBC from the licensing/regulating body in a sealed envelope.

The Certificate is valid for up to 30 days from the date that it was issued. If an applicant does not have their registration/certification process completed within 30 days from the date of issue, a new Certificate will be required.

Proof of Purpose of Registration

Have you provided confirmation of your employment or enrollment with a post-graduate program?

Yes No

For Limited (Education) class- confirmation of your employment with UBC or another post-secondary institute.

For Limited (Research) class- confirmation of employment with organization detailing purpose of research program.

For Limited (Volunteer) class- confirmation of employment with volunteering organization detailing purpose of volunteer activities.

For Limited (Armed Services or Government) class- confirmation of your employment with the armed services, ie. copy of your Canadian Forces Identification card.

For Limited (Post-Graduate) class- confirmation of program enrollment with UBC or another post-secondary institute.

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.

Dentists applying for Limited Education, Research or Post-Graduate class do not need to apply for their own coverage if covered by employer/school.

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.

If you are unclear or unsure about how to respond to any of these questions, please contact staff for clarification.

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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for any type of misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently charged with a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been the subject of complaints in relation to your practice of dentistry or any other profession with the registration/licensing authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any regulatory action been taken against you as a result of any complaint, investigation or disciplinary proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been found guilty of professional misconduct or incompetence in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your registration as a dental healthcare provider or any other profession ever been suspended, revoked or restricted in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever voluntarily surrendered your licence/registration as a professional in another jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever practised as a dentist or other professional without a licence/registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied registration/licensure by any health profession regulator in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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* (the “HPA”) and the Bylaws made under the HPA. 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 purpose of determining my fitness for registration as a dentist in British Columbia.
- I have read and understood CDSBC’s *Standards and Guidance documents*, including the *Code of Ethics*, which facilitate the delivery of competent and ethical patient-centred care. I understand that I am responsible for applying these standards and guidelines in my practice.
- I acknowledge and understand that in order to practise safely, I must be both competent and fit to practise. Competent – in that I have the requisite knowledge, skills and experience. Fit to practise – in that I am not impaired by some physical, mental or addiction issue that affects my ability.
- 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 HPA 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 HPA of British Columbia and the CDSBC Bylaws.

Attestation Statement

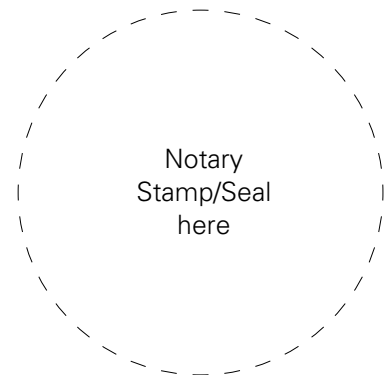
I, _____ (name of applicant), declare that the answers given to the questions in this application and the information I supplied on this application, are true, complete, and accurate in every respect, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of 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*.

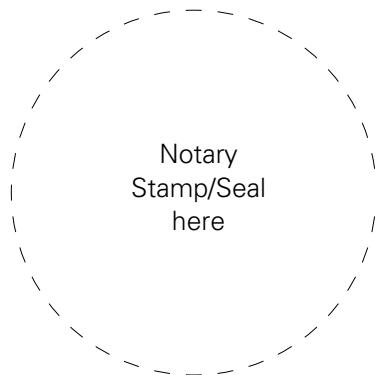
AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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 *and* attach a copy of your continuing education transcript from your licensing/regulatory authority (defined as 90 credits over the preceding three years).

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

Name of Applicant: _____

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

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 # (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.