



APPLICATION INSTRUCTIONS FOR RESTRICTED TO SPECIALTY REGISTRATION

This registration category is for those dentists who do not qualify for Certified Specialist Registration as they do not hold Full Registration with CDSBC but who qualify for Restricted to Specialty Registration.

Minimum credentials required:

- 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)

Note: Restricted to Specialty Registrants may only perform restricted activities included in the practice of the applicable specialty in which the registrant is certified.

Contents

- Form 6: Application for Restricted to Specialty Registration
- 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 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 a copy of name change documents if your name has changed?

- Have you submitted copies of your dental degree and specialty degree?
- Have you requested the Royal College of Dentists of Canada (RCDC) forward to CDSBC confirmation of successful completion of National Dental Specialty Examining (NDSE)?
- Have you enclosed payment 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 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?

Please note all incomplete applications will be returned.

Fees

Application Fee (non-refundable) _____ C\$3,421

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*

*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 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



Attach a passport sized photo taken within the past 12 months
Photo must be attached prior to notarization

APPLICATION FOR RESTRICTED TO SPECIALTY REGISTRATION

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.

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) _____

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

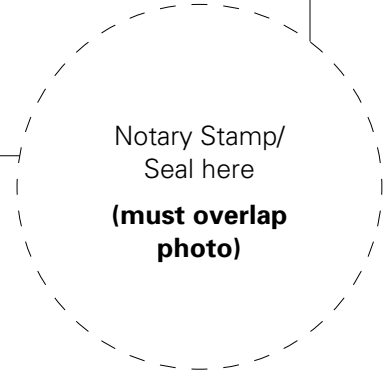
You must provide a valid home address and contact information, including an email address

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.

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.

Have you previously been registered with this College in any capacity? Yes No

If yes, provide registration number _____

Dental and Specialty 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? – Request confirmation from RCDC

Yes No Date – 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. (use separate sheet if needed)

Jurisdiction	City/Country	Time Period 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)	<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
Has any complaint or disciplinary action been taken against you by any licensing authority for dentistry or any other profession?	<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 in dentistry 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 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 restricted to specialty (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.
- 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

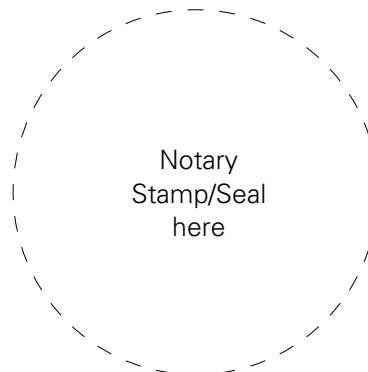
I, _____ (name of applicant), declare that the answers given to the questions in this application and the information I supplied on this application, are true, complete, and accurate in every respect, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of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

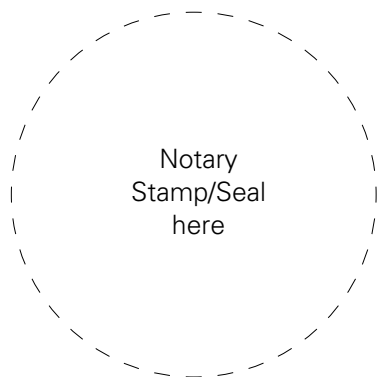
AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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:** _____

Application fee:

C\$3,421

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)

OR

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

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.