



APPLICATION INSTRUCTIONS FOR TEMPORARY REGISTRATION

This category is available to dentists for the purpose of taking or presenting a dental course that involves direct contact with patients, conducting or engaging in a clinical presentation or study club involving direct contact with patients at or under the sponsorship of the Faculty of Dentistry at the University of British Columbia (UBC), another post-secondary educational institution, or a dental or other group or organization approved by the Registration Committee.

Temporary registration may be granted for a period not exceeding 14 days and may be granted again to a previous temporary registrant.

Minimum credentials required:

- a degree or equivalent qualification in dentistry from a post-secondary educational institution;

Note: A temporary registrant may only practise dentistry for the purpose described above and must not practise dentistry on a fee-for-service basis.

Contents

- Form 12: Application for Temporary Registration
- Form 2: Statutory Declaration
- Applicant Credit Card Authorization Form

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 a copy of your dental degree?
- Have you provided evidence indicating application for this category is solely for the purposes listed above?
- Have you signed your application form and had it and the Statutory Declaration notarized by a Commissioner for Oaths who has applied a stamp or seal?
- Have you enclosed separate payments for the application and registration fees?
- Have you submitted proof of your malpractice insurance that includes coverage while practising in BC?

Please note all incomplete applications will be returned.

Application & Registration Fees

Application Fee (valid for one year)
(non-refundable) _____ C\$73

Registration Fee per occurrence
(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 separate payments are required for each one of the application and registration fees.

Please submit all completed forms, documents and fees to:

College of Dental Surgeons of BC
500 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6



APPLICATION FOR TEMPORARY REGISTRATION

Surname _____

Previous Surname (if applicable) _____

First _____

Middle _____

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 _____

Place of birth – City/Province/Country _____

Gender female male

Practice

Address _____ Phone _____

City _____

Province _____ Postal Code _____ Email _____

Home

Address _____ Phone _____

City _____ Cell _____

Province _____ Postal Code _____

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

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

If yes, provide registration or permit number _____

Purpose of Temporary Registration – Please select the appropriate box

Study Club - Mentor/Participant Proprietary Course - Presenter/Participant Other

Course Name _____

Location _____

Time Period from M/D/Y - M/D/Y (Must not exceed 14 days) _____

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)

Dental Education – Provide copy of degree(s)

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

Have you been or are you licensed or certified elsewhere as a dental healthcare provider?

Yes No If yes, please provide details.

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

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

Professional Liability Insurance

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

CDSPI Other _____ (enclose copy of certificate of insurance)

Please note: Proof of your US/International liability insurance must be submitted and clearly indicate that coverage extends to services provided in Canada and coverage is \$3,000,000 per occurrence.

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 _____

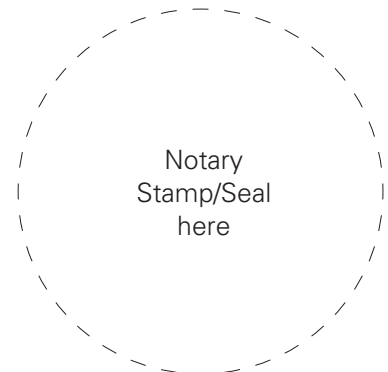
DECLARED before me at the city of _____,

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)





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.

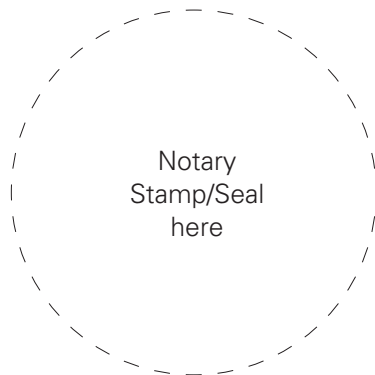
AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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)





APPLICANT CREDIT CARD AUTHORIZATION FORM

Applicant name: _____

VISA Mastercard

Card number: _____ **Expiry:** _____

Application fee:

C\$73

Temporary Registration fee:

C\$140

Cardholder's name (please print): _____

Cardholder's signature: _____

By signing this form you are authorizing both 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.