



## 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 payment 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

Attach a passport sized photo taken within the past 12 months

**Photo must be attached prior to notarization**

**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

Notary Stamp/  
Seal here

**(must overlap photo)**

### Practice

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

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

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

### Home

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

**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) \_\_\_\_\_

**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 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 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 \_\_\_\_\_

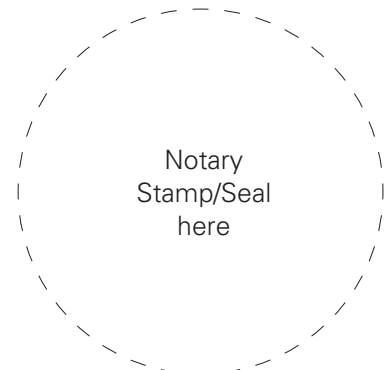
DECLARED before me at the city of \_\_\_\_\_,

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.

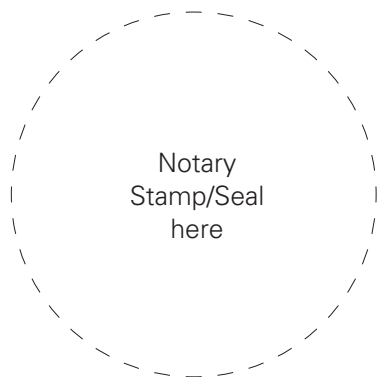
AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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.**