



CDSBC

College of Dental Surgeons of
British Columbia

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APPLICATION FOR DENTAL CORPORATION PERMIT – FORM 28

Name or Proposed Name of Corporation

(subject to Registrar’s approval under section 11.03 of CDSBC Bylaws)

Has the name or proposed name of the corporation previously been approved by CDSBC?
(If not, Application for Approval of Dental Corporation Name in Form 31 must be enclosed.)

Yes No

Name and Contact Information for Applicant

(applicant must be a full registrant or restricted to specialty registrant who is an authorized signing authority for the corporation)

Surname _____ First _____ Middle _____

CDSBC Registration Number _____

Mailing Address of Applicant _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

Business Address of Corporation (if different)

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

List all practice addresses where the dental corporation carries on the business of dentistry:

(If necessary, please attach a separate page to this application).

MAKE SURE YOU HAVE SIGNED THIS FORM, INCLUDED SUPPORTING DOCUMENTATION, AND IF PAYING FEE BY CHEQUE OR MONEY ORDER, THAT YOU HAVE ENCLOSED PAYMENT.

In support of this application, please attach the following:

- Certificate of Solicitor (Form 29)
- An acknowledgment in Form 30 executed by each dentist who is or will be a voting shareholder of the corporation or of any holding company as defined under section 40.1 of the *Health Professions Act*
- A certified copy of the certificate of incorporation, filed transition application, certificate of amalgamation, or certificate of continuation, as the case may be, and any certificate of change of name, or certificate of restoration, issued to or filed by the corporation under the *Business Corporations Act*
- Application for Approval of Dental Corporation Name (Form 31), OR (if applicable) a copy of any approval previously issued by CDSBC for the dental corporation name
- Application fee of C\$900 payable to the College of Dental Surgeons of British Columbia

Please indicate your method of payment by checking (✓) the appropriate box:

- By Credit Card – Once your application has been reviewed, you will receive an email notification to pay the application fee online.
- By Cheque or Money Order – enclosed with application.

Privacy and Security

The information you provide here relates to the operations of CDSBC under the *Health Professions Act* for the purpose of regulating the practice of dentistry in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), CDSBC provides security and confidentiality of your personal information.

I _____ (name of applicant), certify that the information contained in and attached to this application is true, complete and accurate.

Signature of Applicant _____ Date – M/D/Y _____

MAKE SURE YOU HAVE SIGNED THIS FORM, INCLUDED SUPPORTING DOCUMENTATION, AND IF PAYING FEE BY CHEQUE OR MONEY ORDER, THAT YOU HAVE ENCLOSED PAYMENT.