



## Retirement/Resignation from the College of Dental Surgeons of BC

I hereby resign as a registrant of the College of Dental Surgeons of BC.

I understand that:

1. Once my retirement takes effect, my registration expires and my authority to practise dentistry in British Columbia immediately ceases.
2. After I retire/resign, if I then wish to resume the practice of dentistry in British Columbia, I must apply to CDSBC for reinstatement of my registration and I must comply with all the standards and qualifications for registration in effect at that time. The standards and qualifications for registration are subject to change without notice, and I may not be compliant with the standards and qualifications in effect now or in the future.
3. I must contact my malpractice/liability insurance provider to inform them of my retirement/ resignation.
4. I have notified my patients that I am retiring/resigning from dentistry and those patients with planned or partially completed care, or those in need of monitoring of a dental condition have had arrangements made for them as to who may provide this care.
5. If I have participated in the Controlled Prescription Program and possess duplicate prescription pads, I will return all partially and fully unused pads to CDSBC for them to be destroyed.

\_\_\_\_\_  
Name of resigning registrant

\_\_\_\_\_  
Registrant #

\_\_\_\_\_  
Signature of resigning registrant

\_\_\_\_\_  
Date (D/M/Y)

My resignation from the College of Dental Surgeons of BC is effective as of \_\_\_\_\_  
(D/M/Y)

### Dental Records

My patient records have been transferred to:

- another dentist
- a secure file-storage facility
- other

Location of patient records:

Please return this form by:

Mail: **ATTN: Registration**  
500-1765 West 8th Avenue  
Vancouver, BC, V6J 5C6

Email: [registration@cdsbc.org](mailto:registration@cdsbc.org)