



CDSBC

College of Dental Surgeons
of British Columbia

Retirement/Resignation Form

Retirement/Resignation from the College of Dental Surgeons of BC

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

I understand that:

1. Once my retirement/resignation 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 (M/D/Y)

My retirement/resignation from the College of Dental Surgeons of BC is effective as of _____

(M/D/Y)

Note: your request cannot be backdated.

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**
110-1765 West 8th Avenue
Vancouver, BC, V6J 5C6

Email: registration@cdsbc.org