

APPLICATION FOR REGISTRATION AS A GENERAL DENTIST

North American and internationally trained dentists registering as a general dentist must complete the requirements of the Alberta Dental Association and College and the National Dental Examining Board of Canada. To apply for registration as a General Dentist in Alberta, the following must be received:

- Completed application form for registration as a General Dentist; including payment for the application fee.
- Notarized/Certified copy of birth certificate, passport, citizenship card or proof of permanent residency status, or a certified copy of the authorization issued by Citizenship and Immigration Canada which permits you to engage in the practice of dentistry in Canada.
- A Criminal Record Check and Vulnerable Sector Check (performed within the last 12 months). Applicants are responsible for all fees charged by the police to obtain these records.
- Official transcripts from each post-secondary institution related to dental education. Transcripts must list courses taken, grades obtained, and if applicable to that educational institution, that a degree or diploma has been awarded. Documents not in English or French must be accompanied by translations. Undergraduate transcripts are not required.

NOTE: Applicants must request their transcripts to be sent directly from the educational institution to the Alberta Dental Association and College. Transcripts received that are sent by the applicant will not be accepted, including transcripts that are in a sealed envelope.

- Notarized/Certified copies of dental degrees or diplomas earned.
- Copy of National Dental Examining Board of Canada Certificate.
- Proof of HCP/CPR including AED or equivalent certification, and that certification is valid.
- Certificates of Standing from each province where the applicant is/was registered is required. If the applicant is/was registered in the Yukon, Northwest Territories, Nunavut, the U.S.A. or internationally, a Letter of Good Standing from each jurisdiction in which the applicant is/was registered is required.

NOTE: Certificates of Standing and Letters of Good Standing are valid for 8 weeks from the date they are issued and must be sent directly to the Alberta Dental Association and College from each regulatory body in which the applicant is/was registered. Certificates of Standing and Letters of Good Standing sent by the applicant will not be accepted.

- An individual Consent for Release of Information form(s) is required to be completed and submitted for each jurisdiction in which the applicant is/was registered.
- Three (3) written letters of character reference from colleagues or friends but not family members or classmates. Letters must be signed, dated and contain contact information of the person writing the reference. These letters may be submitted by the applicant.
- If you are currently in practice and have been in practice for two years or more, verification of 60 continuing education hours over the last two-year period must be provided. Certificates and/or letters of completion are required. Continuing education transcripts are not accepted.
- One (1) current passport-sized photograph. (within the last 6 months)

Study documents for the Alberta Dental Association and College Ethics and Jurisprudence Examination are available on the website. Applicants must contact the Alberta Dental Association and College and schedule an appointment to write the Ethics and Jurisprudence Exam. The Ethics and Jurisprudence Exam must be written and passed before an applicant can be scheduled to attend an Orientation and Registration Session.

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Date: _____
Year Month Day

Name: _____
(Surname) (First Name) (Middle)

Is your name now different from the one on your Degree: No Yes _____

If yes, please provide a copy of legal documents of name change (i.e. marriage certificate or legal name change decree) and your name.

Home Address: _____

(City) Province/State (Postal/ZIP Code)

(Home Phone Number) (Cell Phone Number) (Email Address)

Work Address: _____

(City) Province/State (Postal/ZIP Code)

(Work Phone Number) (Work Fax Number) (Email Address)

PERSONAL INFORMATION

Place of Birth: _____ Date of Birth: _____ Gender: Male
Year Month Day Female

Languages Spoken: _____

Are you a Canadian citizen or permanent resident of Canada? Yes No Citizenship: _____

If "yes", please provide a certified copy of your Canadian birth certificate, citizenship card or proof of permanent residency status.

If "no", please provide details of your current citizenship and a certified copy of the authorization issued by Citizenship and Immigration Canada which permits you to engage in the practice of dentistry in Canada.

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EDUCATIONAL INFORMATION

1. Post Secondary

a. Institution: _____

b. Location: _____

c. Date Entered: _____ Date Left: _____

d. Degree Earned: _____

2. Post Secondary

a. Institution: _____

b. Location: _____

c. Date Entered: _____ Date Left: _____

i. Degree Earned: _____

NDEB CERTIFICATE

Do you have a certificate issued by the National Dental Examining Board?

Yes No

PROFESSIONAL LIABILITY INSURANCE

The Alberta Dental Association and College requires a minimum of \$2 million in professional liability insurance. This will be included in the annual practice permit fee

PRACTICE INFORMATION

Have you been or are you currently registered in any other jurisdiction(s) in Canada, the USA or internationally to practice dentistry? Yes No

If yes, complete the following:

Jurisdiction (Province/State/Country)	Registered/Licensed/Certified	
	From: yyyy-mmm-dd	To: yyyy-mmm-dd

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CONDUCT INFORMATION

All of the following questions **must** be answered. A written explanation must be given for all affirmative answers (use a separate sheet if needed). Information provided is confidential.

1. Have you ever been found guilty of a criminal offence, either in Canada or in any other jurisdiction? This includes a finding of guilt under the Criminal Code of Canada, the Controlled Drugs and Substances Act (Canada) [(formerly the Narcotic Control Act (Canada))] and the Food and Drugs Act (Canada) or any other offences where the penalty could have involved you being incarcerated? Yes No
2. Have you ever had any allegations of misconduct, including academic misconduct made against you or have you ever been suspended, required to withdraw, expelled or penalized for misconduct from any or all components of any academic program? If yes, please provide details of the allegations, suspensions, expulsion or penalty imposed upon you. Yes No
3. Has there ever been a judgment in a civil action against you in relation to your practice? Yes No
4. Has your entitlement to practice dentistry been limited, restricted or subject to conditions in any jurisdiction at any time? Yes No
5. Have you ever been refused registration in any jurisdiction? Yes No
6. Have you ever voluntarily surrendered your registration/license/certificate? Yes No
7. Have you ever practiced as a dentist without being registered/licensed/certified? Yes No
8. At the present time, are there any investigations, reviews or proceedings taking place in any jurisdiction that could result in sanctions against you including conditions of your practice permit, or the suspension or cancellation of your authorization to practice dentistry? Yes No
9. Do you have a mental or physical condition that could affect your ability to safely practice dentistry?
 - a. (Examples: mental or physical ailment, psychiatric disorder, addiction, blood borne pathogens) Yes No
10. Have you held any other professional designation? (If yes, please provide a certificate.) Yes No
11. Has there been a period during which you did not engage in the practice of dentistry on a continuous and regular basis? (If yes, please indicate below.) Yes No

Years(s)	Details	Location

PRIVACY AND SECURITY

The Alberta Dental Association and College collects the above information for the purposes of registration within the province of Alberta. The information is only used or shared as regulated by the *Health Professions Act*. The Alberta Dental Association and College retains this information indefinitely in secured files. Member services information is shared with the Canadian Dental Association. Business contact information may be shared with other organizations.

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DOCUMENTATION REQUIREMENTS

I enclose herewith, the following documents with my application:

- Notarized/Certified copy of birth certificate, passport, citizenship card or proof of permanent residency status, or a certified copy of the authorization issued by Citizenship and Immigration Canada which permits you to engage in the practice of dentistry in Canada.
- A Criminal Record Check and Vulnerable Sector Check (performed within the last 12 months). Applicants are responsible for all fees charged by the police to obtain these records.
- Notarized/Certified Copies of degrees or diplomas earned.
- Copy of National Dental Examining Board of Canada Certificate.
- A completed Consent for Release of Information form for each jurisdiction I was/am registered.
- Three (3) written letters of character reference from colleagues or friends but not family members or classmates. Letters must be signed, dated and contain contact information of the person writing the reference.
- Verification of 60 continuing education hours over the last two-year period. (if currently practicing)
- One (1) current passport-sized photograph. (within the last 6 months)

The following documents will be sent directly to the Alberta Dental Association and College from the education institution and/or the regulatory body(s):

- Official Transcripts from each post-secondary institution related to dental education. Transcripts must list courses taken, grades obtained, and if applicable to that educational institution, that a degree or diploma has been awarded. Documents not in English or French must be accompanied by translations. Undergraduate transcripts are not required.
- Certificates of Standing from each province where I was/am registered.
- Letters of Good Standing from each jurisdiction in which I was/am registered (Yukon, Northwest Territories, Nunavut, the U.S.A. or internationally).

DECLARATION

I hereby make an application for registration as a Dentist under the Laws of the Province of Alberta under Part 2 of the *Health Professions Act*.

I understand that the fee for the evaluation of my qualifications is \$500.00. A credit card payment authorization form for this amount is attached.

The Alberta Dental Association and College requires a minimum of \$2 million in professional liability insurance. This will be included in your practice permit fee.

I understand that I must successfully complete the Alberta Dental Association and College Examination on Ethics and Jurisprudence in order to register.

I solemnly declare that the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation in respect to my application, I shall be deemed not to have satisfied the requirements for a Practice Permit Certificate. I further understand and agree that if a Practice Permit Certificate should be issued to me based upon a false or misleading statement or representation that Certificate is subject to immediate cancellation.

Signature of Applicant

Dated this ____ day of _____, 20 ____.

This form can be either printed and signed by the applicant, or signed electronically by the applicant.

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Application Fee ***One Time Credit Card Payment Authorization Form***

Please complete and sign this form to authorize the Alberta Dental Association and College to make a one-time charge to the credit card listed below.

AUTHORIZATION

I, _____, authorize the Alberta Dental Association and College to charge the credit card account indicated below for the amount of \$500.00 on or after _____ for the purpose of the Application Fee.
Year - Month - Day

APPLICANT CONTACT INFORMATION

Address _____ Phone Number _____

City and Province _____ Postal Code _____

Email _____

Card Type: VISA Debit VISA MasterCard American Express

Cardholder Name (as appears on front of card): _____

Card Number: _____

Expiration Date: _____ CVV Number: _____

SIGNATURE _____ **DATE** _____

The Alberta Dental Association and College is hereby authorized to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the application fee indicated above, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

Accounting records are kept in order to invoice and process the appropriate fees for applications. Information collected is used for the purpose noted above and then destroyed by confidential shredding.