



FEBRUARY 2021

RE: COVID-19 AND CHANGES TO THE REGISTRATION PROCESSES

Dear Applicant:

During this time under the declared State of Public Health Emergency, the Alberta Dental Association and College (ADA&C) requests that applicants scan and email application forms and all supporting documentation, including notarized/certified documents to the Registrations Department at Registration@adaandc.com.

Once documents have been sent electronically, please forward the originals by regular mail. The ADA&C will only be able to accept documents if the scanned images are clear. Documents will be reviewed as received and the Registration Department will reach out for clarification as needed.

Given the current situation with COVID-19, new applicants are currently writing the Ethics and Jurisprudence Exam by online proctoring and being registered via online Orientation and Registration Sessions, held through Zoom teleconference.

The Ethics and Jurisprudence Exam documents are available for applicants on the public website at www.dentalhealthalberta.ca. Exam documents will also be emailed to applicants as part of the application process. The exam is a written exam; it is not multiple choice and not open book.

At the time of Registration, there is the option to become “Registered Only” (documentation submitted, Ethics and Jurisprudence exam written and passed, and Orientation and Registration Session attended) and then become fully registered and pay the Practice Permit Fee at a later date. This is an option if you are not planning to work right away or are feeling some uncertainty. Advance notice of your intent is appreciated.

Thank you for your patience during these times of adjustment.

ALBERTA DENTAL ASSOCIATION AND COLLEGE

Ms. Cindy Bolster, Director of Registrations

Ms. Lynn Checkley, Professional Corporations and Member Registrations Coordinator

APPLICATION FOR REGISTRATION AS A DENTAL SPECIALIST

North American and internationally trained dentists registering as a dental specialist must complete the requirements of the Alberta Dental Association and College and the National Dental Examining Board.

To apply for registration as a Dental Specialist in Alberta, the following must be received:

- Completed application form for registration as a Dental Specialist; including payment for the application fee.
- 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 Vulnerable Sector Check and a Criminal Record 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.

- Certified copies of degrees or diplomas earned. Copies of degrees can be certified as a true copy or notarized.
- 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 successful completion are required. Continuing education transcripts are not accepted.
- One (1) current passport-sized photograph. (within the last 6 months)

APPLICATION FOR REGISTRATION AS A DENTAL SPECIALIST

Additional Requirements to Register as a Dental Specialist

- Payment for the dental specialist application fee is payable at the time of registration.
- Certificate from the National Dental Examining Board advising of successful completion.
- Diploma or certificate from specialty program (submitted by applicant) OR transcripts from specialty program.

NOTE: If applicant's transcripts are submitted; the Alberta Dental Association and College must receive the transcripts directly from the educational institution.

Once an application is complete and registration status confirmed, study documents for the Alberta Dental Association and College Ethics and Jurisprudence Examination will be emailed to the applicant. A minimum two weeks study period is required before an applicant can write the examination in Edmonton and be registered as a General Dentist and Dental Specialist in Alberta. The applicant will be contacted to schedule an appointment.

APPLICATION FOR REGISTRATION AS A DENTAL SPECIALIST

EDUCATIONAL INFORMATION

1. Post-Secondary

a. Institution: _____

b. Location: _____

c. Date Entered: _____ Date Left: _____

i. 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 Examination Board?

Yes No

PROFESSIONAL LIABILITY INSURANCE

Coverage of at least \$3,000,000 is a mandatory requirement in Alberta. Please provide name of malpractice carrier applied for:

CDSPI

Other _____

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.

APPLICATION FOR REGISTRATION AS A DENTAL SPECIALIST

DOCUMENTATION REQUIREMENTS

I enclose herewith, the following documents with my application:

- 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 Vulnerable Sector Check and a Criminal Record Check (performed within the last 12 months). Applicants are responsible for all fees charged by the police to obtain these records.
- Certified Copies of degrees or diplomas earned. Copies of degrees can be certified as a true copy or notarized.
- Proof of HCP/CPR including AED or equivalent certification, and that certification is valid.
- 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.
- Letter from the National Dental Examining Board advising of successful completion.
- 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 cheque for this amount made out to the Alberta Dental Association and College is enclosed.

I understand I must apply for malpractice insurance before registering in Alberta.

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



APPLICATION FOR REGISTRATION AS A DENTAL SPECIALIST

Date: _____
Year Month Day

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

Mailing Address: _____

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

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

Place of Birth: _____ Date of Birth: _____
Year Month Day

Certified Specialty: _____

Any Degrees Other Than Dental: _____

Undergraduate Education:

University	Degree/Diploma	Year	Duration
_____	_____	_____	_____

Graduate Education

University	Degree/Diploma	Year	Duration
_____	_____	_____	_____

Postgraduate Education:

University	Degree/Diploma	Year	Duration
_____	_____	_____	_____

Have you passed the National Dental Specialty Examination? Yes No

a) If not, have you passed the Part I examination? _____

b) If not, do you plan to apply for the National Dental Specialty Examination? _____

Having carefully read the rules and regulations with respect to specialists, I agree to abide by the same and hereby make application for registration to hold myself out as a specialist in the Province of Alberta, believing the statements herein contained to be true.

Subscribed in my presence and sworn before me in the City of Edmonton, in the Province of Alberta, this _____ day of _____, 20____

A Commissioner for Oaths

Signature of Applicant

For Office Use Only:

Reg. Fee: _____

Specialist # _____

Date Issued: _____



APPLICATION FOR REGISTRATION AS A DENTAL SPECIALIST

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.



Specialist Registration Fee 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 \$300.00 for the one-time Specialist registration fee.

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.

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