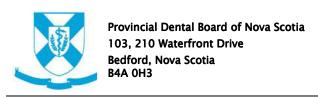
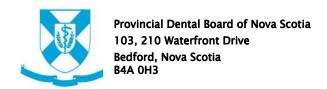
Application for the Month/Year:					
TYPE OF REGISTRATION					
GENERAL SPECIALTY		SPECIALIST LIMITE	ED TO THEIR SPECIALTY		
STUDENT TEMPORARY AUTHORIZATION	ON				
Applicant Name					
LAST	GIVEN NAMES				
OFFICE ADDRESS: STREET	SUITE		СПУ		
PROVINCE/STATE POSTAL CODE	TEL	FAX	E-MAIL		
HOME ADDRESS: STREET	SUITE		CITY		
PROVINCE/STATE POSTAL CODE	TEL	FAX	E-MAIL		
DATE OF BIRTH MONTH/DAY/YEAR		PLACE OF BIRT	н		
GENDER: MALE FEMALE	FLUENT IN:	ENGLISH ENGLISH	FRENCH OTHER (SPECIFY)		
Are you a Canadian citizen or permanent resident of Canada	ı? YES	NO Citizenship:			
If "yes", please provide a certified copy of your Canadian birt	th certificate, citiz	enship 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.					
Is the name on your application different from the one on your Degree?					
Please provide details:					
Date of Name Change:	Loca	tion:			
Please provide a certified copy of a legal document certifying name change, i.e. Marriage Certificate, Legal Name Change Decree, etc.					
FOR OFFICE USE ONLY					
Date Received: Registration	n No.:	Reg	istration Date:		

PHOTO: Please paste a passport style photo taken within the past twelve months and sign in the space indicated.			
	SIGNATURE		
DENTAL EDUCATION			
NAME OF UNIVERSITY/LOCATION	DIPLOMA/DEGREE	DATE STARTED	DATE COMPLETED
		mm/dd/yy	mm/dd/yy
		mm/dd/yy	mm/dd/yy
Please provide an original letter from the Dea in dentistry. Note: If reinstating, it is not necessary NDEB CERTIFICATE	-		ertifying your graduation
Do you have a certificate issued by the Nati If yes, please provide a certified copy.	onal Dental Examining Board of Canada?	YES NO	
Please provide NDEB Certificate No	Date of Issue:		
POST GRAD EDUCATION (INTERNSHIP O	R SPECIALTY PROGRAM)		
NAME OF UNIVERSITY/LOCATION	DIPLOMA/DEGREE	DATE STARTED	DATE COMPLETED
		mm/dd/yy	mm/dd/yy
		mm/dd/yy	mm/dd/yy
Please provide an original letter from the Do your diploma certifying your graduation in yo	·	or his/her designate and	a certified photocopy of
no declino de nome de la compansión de l	our postgraduate dentai program.		
Koyai College of Dentists of Canada National	Dental Specialty Examination (NDSE):	YES NO	



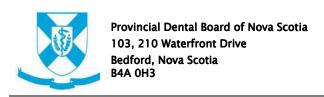
CONDUCT DURING ACADEMIC STUDIES

province / state outside of Nova Scotia]? YES (FILL OUT ATTACHED RELEASE FORM B) If "yes", check the form of registration/license you held and registered/licensed. Attach a separate list if required. (i) a General Licence from	(current or M/D/Y) to (current or M/D/Y)	ent or M/D/Y).
YES (FILL OUT ATTACHED RELEASE FORM B) If "yes", check the form of registration/license you held and registered/licensed. Attach a separate list if required. (i) a General Licence from	(current or M/D/Y) Ity) from to(current or M/D/Y). (current or M/D/Y). (current or M/D/Y).	ent or M/D/Y). CENSED
YES (FILL OUT ATTACHED RELEASE FORM B) If "yes", check the form of registration/license you held and registered/licensed. Attach a separate list if required. (i) a General Licence from	(current or M/D/Y) Ity) from to(current or M/D/Y). (current or M/D/Y)(current or M/D/Y).	ent or M/D/Y).
YES (FILL OUT ATTACHED RELEASE FORM B) If "yes", check the form of registration/license you held and registered/licensed. Attach a separate list if required. (i) a General Licence from	(current or M/D/Y) to (current or M/D/Y)	
YES (FILL OUT ATTACHED RELEASE FORM B) If "yes", check the form of registration/license you held and registered/licensed. Attach a separate list if required. (i) a General Licence from	(current or M/D/Y) to (current or M/D/Y)	
YES (FILL OUT ATTACHED RELEASE FORM B) If "yes", check the form of registration/license you held and registered/licensed. Attach a separate list if required. (i) a General Licence from	list all of the locations at which you (current or M/D/Y) ty from to (current)	
YES (FILL OUT ATTACHED RELEASE FORM B) If "yes", check the form of registration/license you held and registered/licensed. Attach a separate list if required. (i) a General Licence from	list all of the locations at which you	
YES (FILL OUT ATTACHED RELEASE FORM B)		u have practiced or where
	NO	
province / state outside of Nova Scotiaj?		
Have you practised or been previously registered/licensed to practise	e dentistry (or any health profession) ir	any jurisdiction / country /
PRACTICE INFORMATION		
If "yes", to one or both of the above questions, please provide full de to the matter. Attach a separate record if there is insufficient space i		in your possession referable
YES (FILL OUT ATTACHED RELEASE FORM A) NO		
While you were engaged in academic studies (undergraduate and pos from a course, or from any course activity as a result of allegations o any kind, irrespective of whether there is currently a notation of such institution?	f lack of competence, unprofessional be	haviour or misconduct of
YES (FILL OUT ATTACHED RELEASE FORM A) NO		
including academic misconduct and unprofessional behavlour, irrespon your academic transcript from the academic institution? YES (FILL OUT ATTACHED RELEASE FORM A) NO	ective of whether there is currently a no	tation of such misconduct



If you have practiced or been previously registered / licensed to practice dentistry or any health profession in any jurisdiction / country / province / state outside of Nova Scotia complete our Certificate of Standing. Please complete Form B so that we may obtain additional information from that governing body should we determine it appropriate to do so.

If you have engaged in the practise of dentistry or any health profession in any other jurisdiction, have you ever been the subject of any proceedings in that jurisdiction referable to your competence (professional misconduct or incompetence) or fitness to practise (incapacity)?
☐ YES ☐ NO
If "yes", please provide full details including copies of any documents in your possession referable to the matter. Attach a separate record if there is insufficient space in the box below.
Have you ever been refused registration/licensure in any jurisdiction?
☐ YES ☐ NO
Since completing either an undergraduate dental program or specialty program or having been assessed and obtained a Certificate of Completion from an approved Canadian University, have you practiced a minimum of 450 hours within the preceding 3 year period from your date of application?
☐ YES ☐ NO
If "yes", please provide full details including copies of any documents in your possession referable to the matter. Attach a separate record if there is insufficient space in the box below.
HEALTH HISTORY
Do you currently suffer from any physical or mental condition or disorder which may impair your ability to practise dentistry safely and competently or which, if left untreated, would impair your ability to practise dentistry safely and competently?
YES (FILL OUT ATTACHED RELEASE FORM C) NO

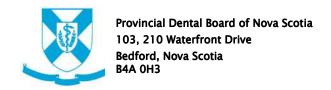


Have you at any time during the previous ten years suffered from a physical or mental condition or disorder which has impaired your ability to practise dentistry safely and competently or which, if left untreated, would have impaired your ability to practise dentistry safely and competently?
☐YES (FILL OUT ATTACHED RELEASE FORM C) ☐ NO
If your answer to either of the above two questions is "yes", please provide full details including the names and addresses of all health-care practitioners who have treated you in respect of the condition/disorder as well as providing a separate release (Form C) so that we may obtain the information directly from them.
JUDICIAL PAST CONDUCT
Have you ever had a summary conviction or 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 offence where the penalty could have involved your being incarcerated.
YES (FILL OUT ATTACHED RELEASE FORM D) NO
If the answer was "yes" to the question above, provide full details of the guilty finding and include copies of all relevant documents in your possession or control referable to the matter. Attach a separate summary if there is insufficient space below.
Please provide the Provincial Dental Board a Vulnerable Sector Check with your application form.

Please provide two written character references from individuals who are non-family members and who have known you for the past four

years.

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DECLARATION

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 of my application or submit falsified documentation, I shall be deemed not to have satisfied the requirements for a Certificate of Registration. I further understand and agree that if a Certificate of Registration should be issued to me based upon a false or misleading statement, representation or documentation then the Certificate is subject to immediate revocation/cancellation.

Taken and	declared before me in th	e District, Province, State of	
this	day of	, 20	
Notary Pub	lic, Lawyer, Officer of an	Embassy or Consulate	
(Official sea	al, stamp, or business ca	rd must be provided.)	
Signature o	of Applicant		

(APPLICATION VALID FOR 3 MONTHS FROM THE DATE OF SIGNING/ATTESTATION)