



Provincial Dental Board of Nova Scotia
 103, 210 Waterfront Drive
 Bedford, Nova Scotia
 B4A 0H3

APPLICATION FORM 2018

Application for the Month/Year: _____

TYPE OF REGISTRATION

- GENERAL
 SPECIALTY _____
 SPECIALIST LIMITED TO THEIR SPECIALTY
 STUDENT
 TEMPORARY AUTHORIZATION

Applicant Name					
LAST		GIVEN NAMES			
OFFICE ADDRESS:		STREET	SUITE	CITY	
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 BIRTH	
GENDER:		FLUENT IN:		OTHER (SPECIFY)	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		<input type="checkbox"/>	
Are you a Canadian citizen or permanent resident of Canada? <input type="checkbox"/> YES <input type="checkbox"/> 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.					
Is the name on your application different from the one on your Degree? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide details: _____ Date of Name Change: _____ Location: _____ 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 No.: _____ Registration Date: _____



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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 Dean or his/her designate and a certified photocopy of your degree certifying your graduation in dentistry. Note: If reinstating, it is not necessary to forward this documentation again.

NDEB CERTIFICATE

<p>Do you have a certificate issued by the National Dental Examining Board of Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please provide a certified copy.</p> <p>Please provide NDEB Certificate No. _____ Date of Issue: _____</p>
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POST GRAD EDUCATION (INTERNSHIP OR 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 Dean or Director of postgraduate studies or his/her designate and a certified photocopy of your diploma certifying your graduation in your postgraduate dental program.

Royal College of Dentists of Canada National Dental Specialty Examination (NDSE): YES NO

Date: _____

If "yes", please have the RCDC forward a letter to the Provincial Dental Board of Nova Scotia verifying your successful completion.



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CONDUCT DURING ACADEMIC STUDIES

While attending a post-secondary institution (undergraduate and post-graduate), have you ever been found guilty of misconduct, including academic misconduct and unprofessional behaviour, irrespective of whether there is currently a notation of such misconduct on your academic transcript from the academic institution?

YES (FILL OUT ATTACHED RELEASE FORM A) NO

While you were engaged in academic studies (undergraduate and post-graduate), were you ever suspended from a program of study, from a course, or from any course activity as a result of allegations of lack of competence, unprofessional behaviour or misconduct of any kind, irrespective of whether there is currently a notation of such misconduct on your academic transcript from the academic institution?

YES (FILL OUT ATTACHED RELEASE FORM A) NO

If "yes", to one or both of the above questions, 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.

PRACTICE INFORMATION

Have you practised or been previously registered/licensed to practise dentistry (or any health profession) in any jurisdiction / country / province / state outside of Nova Scotia?

YES (FILL OUT ATTACHED RELEASE FORM B) NO

If "yes", check the form of registration/license you held and list all of the locations at which you have practiced or where registered/licensed. Attach a separate list if required.

- (i) a General Licence from _____ (M/D/Y) to _____ (current or M/D/Y)..
- (ii) a Specialty Licence in _____ (specify specialty) from _____ to _____ (current or M/D/Y).
- (iii) a Student License from _____ to _____ (current or M/D/Y).
- (iv) a Limited Specialty License from _____ to _____ (current or M/D/Y) .

Country/Province or State/Region	REGISTERED/LICENSED	
	From (M/D/Y)	To (M/D/Y)



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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



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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 the District, Province, State of
this_____day of_____, 20_____.

Notary Public, Lawyer, Officer of an Embassy or Consulate

(Official seal, stamp, or business card must be provided.)

Signature of Applicant

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