

PROVINCIAL DENTAL BOARD

OF NOVA SCOTIA

1559 Brunswick Street, Suite 102
Halifax, NS B3J 2G1
(902) 420-0083

For Office Use

Date Application Received: _____

Registration Granted: _____

License No: _____

APPLICATION FOR REGISTRATION OF DENTAL ASSISTANT

(Please print clearly)

PERSONAL DATA		
Surname	Given Names (Underline name commonly used)	
Full Address _____ _____	Telephone	
Postal Code: _____	Home: _____	
Email Address: _____	Work: _____	
	Cell: _____	
	Other: _____	
Date of Birth (month/day/year)		
DENTAL ASSISTING EDUCATION & PRACTICE INFORMATION		
Dental Assisting School	Province/State	Year Graduated
List provinces/states where you have practiced dental assisting since graduation:		
Province/State	Dates Practiced (From / To)	Employer

An un mounted bust photograph, not larger than this space, taken not more than six months before the date of this application, must be pasted in this space.

NDAEB	National Dental Assistants Examining Board Cert. No.	(enclose copy)	Date Granted:
Criminal Offence	Have you ever been convicted of, or indicted for any crime? Yes ___ No ___ If yes, state the facts of the case. _____ _____ _____ _____		
Illness	Have you ever been treated for mental illness, drug addiction or alcoholism? Yes ___ No ___ Are you free from contagious or infectious disease? Yes ___ NO ___ Give full details _____ _____ _____		

Declaration I solemnly declare:

That, if granted a license to practice Dental Assisting in Nova Scotia, I will practice ethically and maintain the dignity and honour of the profession and comply with all the regulations and by-laws.

That I agree that, should any charge be made against me by the Registrar of the Provincial Dental Board in regard to my conduct in the carrying on of my profession, the hearing of such a charge shall be held in the province of Nova Scotia.

I make this solemn declaration, conscientiously believing all the above statements to be true and knowing that it is of the same force and effect as if made under oath.

Taken and declared before me in the
 Country of _____
 Province of _____
 This ____ day of _____ 20 _____

 Signature of Applicant Date

A Commissioner, etc.