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

TEMPORARY AUTHORIZATION

Application for the Year: _____

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: ☐ MALE ☐ FEMALE FLUENT IN: ☐ ENGLISH ☐ FRENCH ☐ OTHER (SPECIFY)

Are you a Canadian citizen or permanent resident of Canada? ☐ YES ☐ NO Citizenship: _____

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.

What is the purpose of the Temporary authorization?

☐ Part- time faculty at Dalhousie University

☐ Participation in a Continuing Dental Education Course in which I will be treating patients

☐ Participation in a PDBNS approved study club in which I will be treating patients

FOR OFFICE USE ONLY

Date Received: _____ Registration No.: _____ Registration Date: _____

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EDUCATION

DENTAL EDUCATION

NAME OF UNIVERSITY/LOCATION	DIPLOMA/DEGREE	DATE STARTED	DATE COMPLETED
		mm/dd/yy	mm/dd/yy
		mm/dd/yy	mm/dd/yy

NDEB CERTIFICATE

Do you have a certificate issued by the National Dental Examining Board of Canada? ☐ YES ☐ NO

Please provide NDEB Certificate No. _____ Date of Issue: _____

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

RCDC CERTIFICATE

Do you have a specialty certificate issued by the Royal College of Dentists of Canada? ☐ YES ☐ NO

Date of Issue: _____

PRACTICE INFORMATION

CERTIFICATE OF STANDING

As a dentist currently registered / licensed to practice dentistry or in another provincial / state jurisdiction outside of Nova Scotia, you are required to provide a Certificate of Standing for each jurisdiction in which you are currently licensed. The Certificate of Standing document is located on the PDBNS website.

☐ (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) .

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

If you have engaged in the practice 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 practice (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.

DENTAL LICENSE

Please provide a photocopy of your current license issued by each jurisdiction in which you practice.

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