



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: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE FLUENT IN: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER (SPECIFY)					
Are you a Canadian citizen or permanent resident of Canada? <input type="checkbox"/> YES <input type="checkbox"/> 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?					
<input type="checkbox"/> Part- time faculty at Dalhousie University in which I am involved in patient care. Dates: _____ _____ _____					
<input type="checkbox"/> Participation in a Continuing Dental Education Course in which I will be treating patients Dates: _____ _____ _____					
<input type="checkbox"/> Participation in a PDBNS approved study club in which I will be treating patients Dates: _____ _____ _____					

FOR OFFICE USE ONLY

Date Received: _____ 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

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 letter from the Registrar verifying good standing for each jurisdiction in which you are currently licensed.

- ☐ (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

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.



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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

Please provide a copy of current CDSPI Malpractice Insurance Coverage.

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