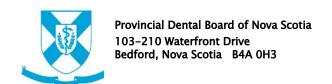
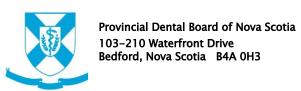


Applicat	ion for the \	Year:				
Applicant						
Name LAST GI			GIVEN NAMES		<u> </u>	
OFFICE ADD	RESS:	STREET	SUITE		СПҮ	
PROVINCE/S	TATE	POSTAL CODE	TEL	FAX	E-MAIL	
HOME ADDR	ESS:	STREET	SUITE		CITY	
PROVINCE/S	TATE	POSTAL CODE	TEL	FAX	E-MAIL	
DATE OF BIR	TH MONTH	/ / I/DAY/YEAR		PLACE OF BIR	тн	
GENDER:	MALE	FEMALE	FLUENT IN:	ENGLISH	FRENCH OTHER (S	SPECIFY)
Are you a (Canadian citize	n or permanent resident of C	anada? YES	NO Citizenship	:	
		etails of your current citize h permits you to engage in th			zation issued by Citizer	nship and
What is t	the purpose	of the Temporary Aut	horization?			
Dates:	Part- time	faculty at Dalhousie U	niversity in which I	am involved in	patient care.	
Dates:		on in a Continuing Den				nts
Dates:		on in a PDBNS approved			ting patients	
FOR OFFI	CE USE ONLY					
Date Rece	eived:	Re	gistration Date:			



EDUCATION DENTAL EDUCATION

NAME OF UN	IVERSITY/LOCATION	DIPLOMA/DEGREE	DATE STARTED	DATE COMPLETED
			mm/dd/yy	mm/dd/yy
			mm/dd/yy	mm/dd/yy
			mm/dd/yy	mm/dd/yy
NDEB CERTIFIC	CATE			
Do you have a ce	ertificate issued by the Nat	ional Dental Examining Board of Canada	? YES NO	
Please provide N	DEB Certificate No	Date of Issu	e:	-
POST GRAD ED	DUCATION (INTERNS	HIP OR SPECIALTY PROGRAM)		
NAME OF UN	IVERSITY/LOCATION	DIPLOMA/DEGREE	DATE STARTED	DATE COMPLETED
İ			mm/dd/yy	mm/dd/yy
			mm/dd/yy	mm/dd/yy
RCDC CERTIFIC	CATE			
Do you have a sr	pecialty certificate issued h	by the Royal College of Dentists of Canad	la? 🗌 YES 🔲 NO	
Do you mare a sp	zeciant, commente issueu z	, the hoper contege of Demists of Canaa		
Date of Issue:				
PRACTICE INF	FORMATION			
FICACTICE IIII	ORMATION			
As a dentist cur	rently registered / lice	nsed to practice dentistry or in and	other provincial / state j	urisdiction outside of
		ide a letter from the Registrar ver	rifying good standing fo	r each jurisdiction in
which you are cu	urrently licensed.			
(i)	a General Licence fro	om (M/D/Y) to	(current or	M/D/Y)
(ii)	a Specialty Licence in	(specify specia	alty) from to(current or M/D/Y).
(iii)	a Student License fro	om to	(current or M/D/Y).	
(iv)	a Limited Specialty L	icense from to	(current or N	M/D/Y) .



	REGISTERED/LICENSED		
Country/Province or State/Region	From (M/D/Y)	To (M/D/Y)	
If you have engaged in the practice of dentistry or any hea	alth profession in any other juri	sdiction, have you ever been	
the subject of any proceedings in that jurisdiction re	ferable to your competence	(professional misconduct or	
incompetence) or fitness to practice (incapacity)?			
YES NO			
If "yes", please provide full details including copies of any o	documents in your possession re	eferable to the matter. Attach	
a separate record if there is insufficient space in the box be	elow.		
Have you ever been refused registration/licensure in any ju	risdiction?		
YES NO			
If "yes", please provide full details including copies of any o	documents in your possession re	eferable to the matter. Attach	
a separate record if there is insufficient space in the box be	elow.		

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, 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