



College of Denturists of British Columbia  
 101 – 309 Sixth Street  
 New Westminster, BC V3L 3A7  
 Tel: 604-515-0533 Fax: 604-515-0534

**Form 5**

## APPLICATION FOR REGISTRATION RENEWAL

### 1. REGISTRATION CLASS

I, \_\_\_\_\_ (*print name*), am applying to renew my registration with the College of Denturists of British Columbia as

- an active full registrant
- an active B registrant
- a limited registrant
- a temporary registrant
- a non-practicing registrant

### 2. CONTACT INFORMATION

***You only need to provide the contact information below if that information has changed in the last year and you have not already notified the College in writing of that change.***

Addresses:

Work: \_\_\_\_\_  
*(Number & Street)* *(City)*

\_\_\_\_\_

*(Province/State)* *(Country)* *(Postal / Zip code)*

Home: \_\_\_\_\_  
*(Number & Street)* *(City)*

\_\_\_\_\_

*(Province/State)* *(Country)* *(Postal / Zip code)*

Phone: (*work*) \_\_\_\_\_ Phone: (*home or cell*) \_\_\_\_\_

E-mail address: (*for delivery of College notices and documents*) \_\_\_\_\_

### 3. COMMUNICATION PREFERENCE

***To save cost, the College will deliver notices and documents to you using the above-noted email address whenever possible. However, where use of regular mail is required, the College needs to know which address to use.***

I prefer to receive surface mail from the College (***choose one***)

- at my home address
- at my work address



College of Denturists of British Columbia  
101 – 309 Sixth Street  
New Westminster, BC V3L 3A7  
Tel: 604-515-0533 Fax: 604-515-0534

**Form 5**

#### 4. PROOF OF PROFESSIONAL LIABILITY INSURANCE

**You MUST complete this section UNLESS you are applying for renewal as a non-practicing registrant.**

I provide proof of professional liability insurance coverage in the amount of at least \$2,000,000 by

- confirming that I am a current member of the Denturist Association of BC, **OR**
- attaching a copy of a policy document confirming the existence and amount of the coverage

#### 5. QUALITY ASSURANCE REQUIREMENTS

**You MUST complete this section UNLESS you are applying for renewal as a non-practicing or temporary registrant.**

I confirm that I have completed all the quality assurance program requirements for the present year, including:

- 5 hours of professional development activities
- the continuing competence exercise assigned by the Quality Assurance Committee
- a practice self-assessment

I also confirm:

- I have been an active registrant and have engaged in 675 hours of denturism practice during the last 3 years, **OR**
- I have not been an active registrant for the last 3 years

**As part of the processing of your application, you may be asked for documentary proof of the completion of these quality assurance program requirements.**

#### 6. PAYMENT OF RENEWAL FEES

**The deadline for submission of this form and payment of registration renewal fees for active full, active B, limited and non-practicing registrants is MARCH 31. Registrants who miss the renewal deadline must also pay a late registration fee equal to 35 % of their registration renewal fee**

I attach a cheque or money order made out to the “College of Denturists of BC” in the amount of:

- active full, active B or limited registration: \$1,311.45 (the registration renewal fee of \$1,249 plus GST)
- temporary registration: \$420 (the registration renewal fee of \$400 plus GST), **OR**
- non-practicing registration: \$240.45 (the registration renewal fee of \$229 plus GST)



College of Denturists of British Columbia  
101 – 309 Sixth Street  
New Westminster, BC V3L 3A7  
Tel: 604-515-0533 Fax: 604-515-0534

**Form 5**

## 7. DECLARATION

I declare that

- I am in compliance with
  - the provisions of the *Health Professions Act*, the applicable regulations under the Act and the bylaws of the College of Denturists of British Columbia, and
  - any and all limits on my practice imposed further to my registration with the College of Denturists of British Columbia, by agreement with the Registrar, by undertaking to or order of the Inquiry Committee, or by order of the Discipline Committee, and
- to the best of my knowledge and belief, the answers I have provided and the statements I have made in this application form are correct and true.

Date: \_\_\_\_\_

Signature of Registrant: \_\_\_\_\_

As a public body, the CDBC must protect the privacy of the personal information it collects in accordance with the requirements of the *Freedom of Information and Protection of Privacy Act*. The information you provide in this form will be used for the operations of the CDBC under the *Health Professions Act*, including in particular, the processing of your application for registration renewal. The CDBC must make available to the public the names of all registrants and former registrants, as well as, the registrants' business address and telephone number.