



College of Denturists of British Columbia
900 – 200 Granville Street
Vancouver, BC V6C 1S4
Tel: 604-742-6370 Fax: 604-357-1263

Form 6

APPLICATION FOR NON-PRACTICING REGISTRATION

1. TRANSITION TO NON-PRACTICING REGISTRATION

By signing this form, I, _____,
(registrant's name)

- confirm that I
 - am currently registered as an active full or active B* registrant of the College,
 - wish to transition from active registration to non-practicing registration, and
- acknowledge that as a non-practicing registrant, I will continue to be subject to the provisions of the *Health Professions Act*, the applicable regulations under the Act and the bylaws of the College.

2. PAYMENT OF FEES

I attach a cheque or money order made out to the "College of Denturists of BC" in the amount of \$52.50 (the change in registration status fee of \$50 plus GST)

3. LOCATION OF FILES

The College sometimes receives inquiries from patients trying to obtain copies of their clinical records from registrants who are no longer in active practice. Please indicate what you intend to do with the clinical records from your practice:

- retain in my possession

location they will be stored: _____

- leave with another dentist

name/contact information: _____

* Under section 4.06(3)(d) of the College bylaws, active B registrants who transition to non-practicing registration cannot subsequently return to active B registration. Instead, on any return to active practice, they must qualify for registration as active full registrants by successfully completing the upgrading program and examinations required by the Registration Committee.



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4. SOLEMN DECLARATION

I do solemnly declare that I will not provide denturism services in British Columbia while I am registered as a non-practicing registrant of the College of Denturists of British Columbia, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath.

Signature of Applicant: _____

Declared before me at the city of _____, in the Province/State of _____, this _____ day of _____, 20 ____.

Signature and Seal: _____
(Judge, Notary Public, Justice of the Peace or Commissioner authorized to take such Affidavits)

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. 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.