



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

APPLICATION FOR REINSTATEMENT

1. REGISTRATION CLASS

I am applying to reinstate my registration with the College of Denturists of British Columbia as

- an active full registrant
- a non-practicing registrant

2. APPLICANT INFORMATION

Name: _____
(Surname) (First) (Middle)

Birth date: _____ Prior surname: (if applicable) _____
(mm/dd/yyyy)

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) _____

Email 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

4. PAYMENT OF FEES

I attach a cheque or money order made out to the "College of Denturists of BC" in the amount of \$210.00 (the registration reinstatement fee of \$200 plus GST)



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5. QUALITY ASSURANCE REQUIREMENTS

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

I confirm that I have completed all quality assurance program requirements as though I was an active registrant during the time my registration was cancelled, including for each year of that period:

- 20 hours of professional development activities
- the continuing competence exercise assigned by the Quality Assurance Committee
- **(for the years in which I practiced)** a practice self-assessment

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

6. PROOF OF PROFESIONAL LIABILITY INSURANCE

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

You only need to complete sections 7, 8, 9, 10 and 11 if you are applying for reinstatement more than two months after your registration was cancelled.

7. PROFESSIONAL HISTORY

You only need to complete this section if you are now practicing or previously have practiced denturism or another health profession outside British Columbia.

I am practicing or have practiced denturism or another health profession as follows:

Health Profession	Jurisdiction (province, territory, state or country)	Regulatory Body (if applicable)	Time Period (mm/yyyy – mm/yyyy)

I attach an authorization for a criminal records check in each jurisdiction where I am now practicing or in the past have practiced denturism or another health profession.



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Form 9

8. CHARACTER AND CONDUCT QUESTIONS

You MUST answer all of the following questions. If you answer YES to any of the questions, please provide a written explanation of that answer on a separate sheet of paper.

- (a) Have you ever been refused a license or registration to practice denturism in another jurisdiction? yes no

- (b) Has your authorization to practice denturism ever been cancelled, suspended, limited, restricted, or subject to conditions in any jurisdiction? yes no

- (c) At the present time, is there an investigation, review or proceeding taking place in any jurisdiction that could result in your authorization to practice denturism being cancelled, suspended, limited, restricted, or subject to conditions? yes no

- (d) In any jurisdiction, have you ever voluntarily surrendered your licence or registration to practice denturism or allowed it to lapse without being renewed? yes no

- (e) Have you ever been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the *Health Professions Act*, would constitute unprofessional conduct or conduct unbecoming? yes no

- (f) Are any criminal charges pending against you? yes no

9. CONTINUING COMPETENCE QUESTIONS

- (a) During the 3 years prior to the date of this application, did you engage in the practice of denturism for 675 hours or more? yes no

- (b) Prior to applying for non-practicing registration, were you only ever registered as an active B registrant? yes no

10. REFERENCE LETTERS

As evidence for the Registration Committee that my good character is consistent with the responsibilities of a registrant and the standards expected of a registrant, I attach reference letters from the following three individuals:

- 1. _____

- 2. _____

- 3. _____



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Form 9

11. DOCUMENTARY REQUIREMENTS

I attach all of the following:

- a passport-sized photograph taken within the last year and signed by a notary confirming the photograph is a likeness of me
- a completed Statutory Declaration (Form 3)
- a signed authorization for a criminal records search and completed Identification Verification form (*available on the College website*)
- proof of Canadian citizenship or authorization to work in Canada

ALL applicants MUST complete section 12.

12. SOLEMN DECLARATION

I, _____, do solemnly declare that,
(applicant's name)

- 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,
- 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,

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.