



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

Student

Application for Registration

I, _____ (print name), hereby make application to the Registration Committee for registration in the Student Class. I declare that I have:

- Enrolled in or, within the last six months, was enrolled in a program listed (Schedule A), or equivalent;
- Year of graduation, or expected graduation: 20____;
- And submit to the Registrar:
 - a. a statutory declaration signed by a notary or lawyer;
 - b. a signed authorization for a criminal record check under the *Criminal Records Review Act*;
 - c. as per the Criminal Record Review Program, a primary and secondary identification must be verified by the College staff or if it is not convenient to attend to the College office, please request the Identification Verification form;
 - d. a passport sized photograph, signed by a notary or lawyer, indicating that the likeness of the person is the person applying for registration;
 - e. a cheque or money order for the application fee of \$200 plus GST (\$210) made out to the College of Denturists of British Columbia;
 - f. a certified cheque or money order for the Criminal Record Check fee of \$28, made out to the Minister of Finance or submit a Criminal Records Review Program application for Pre-Authorized Credit Card Usage;
 - g. three letters of reference, satisfactory to the Registration Committee, as proof of your good character, consistent with the responsibilities of a registrant and the standards expected of a registrant. Please see the Reference Letter Guideline on our website for additional information.

Signed this _____ day of _____, 20_____.

Signature

Print Name

Address

City

Postal Code

Phone

Cellular

Email Address