

APPLICATION INSTRUCTIONS FOR DENTAL ASSISTANT ASSESSMENT

The assessment process is for Canadian educated Level II dental assistants from outside of British Columbia who are **not** currently registered in another Canadian jurisdiction *or* for American and internationally trained dental healthcare professionals who have earned the National Dental Assisting Examining Board (NDAEB) certificate and wish to become Certified Dental Assistants in B.C.

Minimum credentials required:

 Diploma, certificate or degree from a dental assisting, dental hygiene, or dentistry program

Note: Completion of the assessment process does not guarantee certification with CDSBC.

Contents

Information sheets:

Part A – Canadian Educated Level II Dental Assistants

Part B – American and Internationally Trained Dental Healthcare Providers

- Form 23 Dental Assistant Assessment Application
- Quality Assurance Form
- Commissioner for Oaths Information Sheet

Assessment Fee (non-refundable) C\$100	
Please indicate how you would like to pay by checking off the appropriate box below:	
☐ By Credit Card – Once your application has been received and reviewed, you will receive an email notification to pay the assessment fee.	
☐ By Cheque or Money Order – enclosed with application.	
Please submit, by mail or courier, all completed forms, documents and fees (if not paying online) to:	
College of Dental Surgeons of BC 110 – 1765 West 8th Avenue Vancouver, BC V6J 5C6	

NOTE: Please ensure you submit all required information. Incomplete information will delay the processing of your application. Incomplete applications may be returned.

PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.

Part A – Canadian Educated Level II Dental Assistants Who Are <u>Not</u> Currently Registered in Another Canadian Jurisdiction

A Level II dental assistant educated outside of B.C., but within Canada, may be eligible for certification in B.C. Application for, and completion of, an assessment of credentials by CDSBC is required to determine if you are eligible for certification. Upon review of the information provided, you will be notified as to whether you meet the certification requirements and will be invited to apply for Practising Certification if eligible.

If it has been determined that you require additional training prior to certification, you may be eligible for Limited Certification which will permit you to perform the services of a practising CDA, except for those restricted activities which require further training. Formal education for these skills must be undertaken at an accredited Dental Assisting program within one year. When CDSBC receives proof of successful completion of this education, you will then be eligible to transfer your Limited Certification to Practising Certification.

Eligibility Requirements

- you are a graduate of a Canadian Level II dental assisting program;
- you have been practising as the equivalent of a practising certified dental assistant or a Level II dental assistant in another Canadian jurisdiction where certification, registration, or licensure is not required for that purpose;
- you are meeting all applicable CDSBC's Quality Assurance: a minimum of 600 continuous practice hours* and a minimum of 36 continuing education credits in the preceding three years; and
- you have earned the National Dental Assisting Examining Board (NDAEB) Certificate

Checklist

credentials?

Assessment Application and signed it?
Have you enclosed a notarized copy of your dental assisting school diploma/certificate or dental degree?
Have you completed and enclosed a Quality Assurance form?
Have you enclosed a notarized copy of your NDAEB certificate?
Have you enclosed a copy of name change documents if your name is now different than the one on your education and examination

Have you answered all guestions on the

^{*}Acceptable continuous practice activities include the provision of clinical dental treatment, employment as a dental educator, or full-time enrollment in a dental education program.

Part B - American and Internationally Trained Dental Healthcare Professionals

Dental healthcare professionals educated outside of Canada may be eligible for certification in B.C. on completion of this assessment. Application for, and completion of, an assessment of credentials by CDSBC is required to determine if you are eligible for practising certification.

If it has been determined you require additional training prior to certification, you may be eligible for Limited Certification which will permit you to perform the services of a practising CDA, except for those restricted activities which require further training. Formal education for these skills must be undertaken at an accredited Dental Assisting program within one year. When CDSBC receives proof of successful completion of this education, you will then be eligible to transfer your Limited Certification to Practising Certification.

NOTE: Successful completion of the National Dental Assisting Examining Board (NDAEB) written examination and Clinical Practice Evaluation (CPE) is mandatory. Please visit the NDAEB website (www.ndaeb.ca) for examination details and applications.

Eligibility Requirements

- you are a graduate of a Level II dental assisting program, dental hygiene program, or dentistry program; and
- you have earned the NDAEB certificate

Checklist

Have you answered all questions on the Assessment Application and signed it?
Have you completed and enclosed a Quality Assurance Form?
Have you enclosed a notarized copy of your dental assisting/dental hygiene/dental degree/diploma/certificate?
Have you enclosed a copy of your current license / certificate / registration?
Have you enclosed a notarized copy of your NDAEB certificate?
Have you enclosed a notarized copy of your Clinical Practice Evaluation (CPE)?
Have you enclosed a copy of name change documents if your name now is different than the one on your education and examination credentials?



APPLICATION FOR ASSESSMENT FOR DENTAL ASSISTANT CERTIFICATION

Surname				
Previous Surname (if applicable)				
st Middle				
Preferred Name				
Your name on the application must be with is different than the one on any documents certifying the name cha	of your supporting docur	nents, you m	ust provide a c	copy of legal
Date of birth – M/D/Y		Gender	☐ fema	le 🗆 male
Home				
You must provide a valid home ac	Idress and contact infor	mation, inclu	uding an emai	il address.
Address		Phone _		
City				
Province Postal Cod	de			
Main Email (for confidential/persona				
Colleges or Universities Attended degree/diploma/certificate.	– Enclose a notarized cop	by of your der	ntal assisting/d	ental hygiene/dental
Name of Institution	City/Country		ates attended /D/Y – M/D/Y	Designation Received

Signature	Date	e – M/D/Y
I,given to the questions in this applica complete, and accurate in every resp be true, and knowing that it is of the the <i>Canada Evidence Act</i> .	tion and the information I supplied or ect, and I make this solemn declarati	on conscientiously believing it to
Have you successfully completed to lf yes, provide notarized copy of lette		tion (CPE)?
Have you successfully completed t written exam? Provide notarized co	_	ining Board (NDAEB)
Have you ever applied for registrat jurisdiction and been denied? □	ion/certification/licensure as a hea Yes □ No If yes, please provide	
While attending at a post-seconda misconduct, ever been made again expelled or penalized by a post-se If "yes", provide details of the allegation	nst you or have you ever been susp condary institution for misconduct	ended, required to withdraw, ?



QUALITY ASSURANCE FORM

Continuous Practice

Please provide details of continuous practice as a licensed/regulated dental healthcare provider (defined as 600 hours over the preceding three years). Acceptable continuous practice activities include the provision of clinical dental treatment, employment as a dental educator, or full-time enrollment in a dental education program.

Note: Hours spent working as an unregistered assistant are not recognized as continuous practice hours.

Year	Practice Location – City, Prov/State	# of Hours/Year
20		
20		
20		
20		

Continuing Education (CE)

Please provide a summary of continuing education credits received *and* attach a copy of your continuing education transcript from your licensing/regulatory authority (defined as 36 credits over the preceding three years).

Year	# of Credit Hours Obtained/Year
20	
20	
20	

Name of Applicant:				
Signature (required)	Date - M	/D/Y		



COMMISSIONER FOR OATHS INFORMATION SHEET

According to Section 60 of the *BC Evidence Act*, the following persons are, because of their office or employment, commissioners for taking affidavits for British Columbia:

- a) a judge of a court in British Columbia;
- b) justices;
- c) registrars, deputy registrars, district registrars and deputy district registrars of the Supreme Court;
- d) practising lawyers as defined in section 1 (1) of the Legal Profession Act,
- e) notaries public;
- f) the local government corporate officer and that person's deputy;
- g) the secretary treasurer of a board of school trustees;
- h) the directeur général of a francophone education authority as defined in the School Act;
- i) coroners;
- j) government agents and deputy government agents;
- k) other classes of office holder or employment the Attorney General prescribes.

Note: For persons outside of British Columbia, persons or agencies equivalent to the above in other provinces or states may provide legal notarization of CDSBC application documents.