

**CDSBC**College of Dental Surgeons
of British Columbia110 – 1765 West 8th Avenue
Vancouver BC Canada V6J 5C6Phone 604 736 3621
Toll Free 1 800 663 9169
www.cdsbc.org

APPLICATION FOR CERTIFIED DENTAL ASSISTANT PROSTHODONTIC DESIGNATION

This application is for CDAs who have successfully completed a recognized Prosthodontic Module at a Canadian institution that has been accredited by the Commission on Dental Accreditation of Canada (CDAC).

The following must accompany this application:

- Notarized copy of your certificate verifying successful completion of the prosthodontic theory and clinical course **or**
- Notarized copy of written confirmation from the Program Coordinator of a CDAC accredited Dental Assisting Program indicating successful completion of the above courses

Surname _____

First _____ **Middle** _____

If the name you are applying with is different than the one on any of your supporting documents, you must provide a copy of legal documents certifying the name change (ie. marriage certificate, legal name change decree).

Date of birth – M/D/Y _____ **Gender** ☐ female ☐ male

CDSBC Certification Number _____

Home

You must provide a valid home address and contact information, including an email address.

Address _____ Phone _____

City _____ Province _____ Postal Code _____

Main Email (for confidential information from CDSBC) _____

Practice

Address _____ Phone _____

City _____ Province _____ Postal Code _____

Email _____

Signature of Applicant _____ **Date** – M/D/Y _____

Note: If currently a CDSBC CDA, 22 Continuing Education credits will be added to your CE Transcript if this module was completed within your current CE cycle.

MAKE SURE YOU HAVE SIGNED THIS FORM.

Fees

Prosthodontic Module Designation _____ C\$50

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 designation fee online.
- ☐ 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.