



## APPLICATION INSTRUCTIONS FOR CERTIFICATION AS A CERTIFIED SPECIALIST

This registration category is for dentists who hold Full Registration and who are now eligible for certification as a Certified Specialist as they have met the requirements noted below.

Minimum credentials required:

- Full Registration with CDSBC
- a degree or equivalent qualification in a recognized specialty from a listed (accredited) specialty program or equivalent specialty program
- successful completion of the National Dental Specialty Examination (NDSE)

### Contents

- Form 5: Application for Certification as a Certified Specialist
- Form 2: Statutory Declaration
- Commissioner for Oaths Information Sheet

### Checklist

- Have you answered all questions on the application forms?
- Have you submitted all supporting documents verifying your qualifications to be eligible for certification in a recognized specialty in BC?
- Have you signed and dated your application form and had it and the statutory declaration notarized by a Commissioner for Oaths who has applied a stamp or seal?
- Have you submitted confirmation of successful completion of National Dental Specialty Examination (NDSE)?

### Application Fee

**Application Fee for a current Full Registrant as a Certified Specialist** (non-refundable) \_\_\_\_\_ C\$716

**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 application 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.**



## APPLICATION FOR CERTIFICATION AS A CERTIFIED SPECIALIST

**Surname** \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_

Your name on the application must be the same as your current legal name. 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).

**CDSBC Registration Number (if applicable)** \_\_\_\_\_ **Date of birth – M/D/Y** \_\_\_\_\_

The *Health Professions Act* (the "HPA") requires that all registrants provide a business address and phone number. If you do not have practice contact information, you must include a \*phone number and \*email address that will be published in the *Registrant Lookup*.

**Practice** – Submit any additional practice address(es) on a separate sheet  
All practice address(es) are published in the *Registrant Lookup*

Address \_\_\_\_\_ \*Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ \*Email \_\_\_\_\_

Include email in *Registrant Lookup*

### Home

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Cell \_\_\_\_\_

Main Email (for confidential/personal information from CDSBC) \_\_\_\_\_

**I wish to receive mail from CDSBC** (check one only)

at my practice address     at my home address

### Privacy and Security

CDSBC must collect and manage certain personal information to fulfill its regulatory purpose as set out in the *HPA*. Additionally, CDSBC is designated as a public body under the *Freedom of Information and Protection of Privacy Act (FOIPPA)*. CDSBC collects and manages information in accordance with the *HPA*, *FOIPPA*, and other applicable laws.

**Specialty or Post-Graduate Education** – Provide a **notarized** copy of your degree (required if not currently registered as a Specialist in another Canadian jurisdiction).

Name of Institution	City/Country	Dates attended M/D/Y – M/D/Y	Degree Received

**Certification requested in the specialty of** \_\_\_\_\_

**Have you completed the National Dental Specialty Examination (NDSE)?**

Yes  No      Date – M/D/Y \_\_\_\_\_

**If yes, please provide proof of completion.**

**Note:**

- If you completed the NDSE exam administered by the NDEB, please provide a **notarized** copy of your NDSE certificate (required if not currently registered as a Specialist in another Canadian jurisdiction).
- If you completed the NDSE exam administered by the RCDC prior to 2020, please provide letter of completion from RCDC. Please ask RCDC to submit the letter to our office at [registration@cdsbc.org](mailto:registration@cdsbc.org).

**Have you been or are you registered/licensed elsewhere as a healthcare provider?**

Yes  No    If yes, please provide details. (use separate sheet if needed)

Jurisdiction	City/Country	Time Period M/D/Y – M/D/Y

**IMPORTANT: If you are or have ever been certified/licensed in another province or country, you will be required to contact that provincial or national regulatory body to request a Certificate or Letter of Standing for your CDSBC application. The Certificate or Letter of Standing must be delivered directly to CDSBC from the licensing/regulating body in a sealed envelope.**

**The Certificate or Letter of Standing is valid for up to 30 days from the date that it was issued. If an applicant does not have their registration/certification process completed within 30 days from the date of issue, a new Certificate or Letter of Standing will be required. Before requesting your Certificate or Letter of Standing, please contact our office at [registration@cdsbc.org](mailto:registration@cdsbc.org) to determine the appropriate timing of this request to ensure your Certificate or Letter of Standing is dated within our 30-day policy.**

### Application Questions

All of the following questions **must** be answered. A written explanation must be given for all affirmative answers (use a separate sheet if necessary). Information provided is **confidential** to CDSBC.

If you are unclear or unsure about how to respond to any of these questions, please contact staff for clarification.

Do you have a medical condition that could affect your ability to safely practise dentistry? (Examples: mental or physical ailment, psychiatric disorder, addiction, blood borne pathogens)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for any type of misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently charged with a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been the subject of complaints in relation to your practice of dentistry or any other profession with the registration/licensing authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any regulatory action been taken against you as a result of any complaint, investigation or disciplinary proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At the present time, are there any investigations, reviews or proceedings taking place in any jurisdiction concerning your practice of dentistry or any other profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been found guilty of professional misconduct or incompetence in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your registration as a dental healthcare provider or any other profession ever been suspended, revoked or restricted in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever voluntarily surrendered your licence/registration as a professional in another jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever practised as a dentist or other professional without a licence/registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied registration/licensure by any health profession regulator in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Authorization and Oath**

- I am applying to register with the College of Dental Surgeons of British Columbia (“CDSBC”) under the *Health Professions Act* (the “HPA”) and the Bylaws made under the *HPA*. In consideration of CDSBC’s processing of my application, by my signature below, I authorize CDSBC to make reasonable and lawful enquiries about me, including enquiries seeking confidential or personal information (in documentary form or otherwise) from any regulatory authority, hospital, educational program, institution or law enforcement agency (collectively, the “Registration-Related Information”), and to then consider and use the Registration-Related Information, all for the purpose of determining my fitness for registration as a Certified Specialist in British Columbia.
- I have read and understood CDSBC’s *Standards and Guidance documents*, including the *Code of Ethics*, which facilitate the delivery of competent and ethical patient-centred care. I understand that I am responsible for applying these standards and guidelines in my practice.
- I acknowledge and understand that in order to practise safely, I must be both competent and fit to practise. Competent – in that I have the requisite knowledge, skills and experience. Fit to practise – in that I am not impaired by some physical, mental or addiction issue that affects my ability.
- I recognize that those who, in good faith, furnish Registration-Related Information to CDSBC in connection with my application for registration have reasonable expectations that such Registration-Related Information will be kept confidential.
- I further understand that CDSBC may take disciplinary action against me, including action to revoke my registration, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for registration.
- I am aware of the *HPA* of British Columbia and the CDSBC Bylaws and do solemnly declare that I will uphold the honour and dignity of the profession and adhere to the *HPA* of British Columbia and the CDSBC Bylaws.

**Attestation Statement**

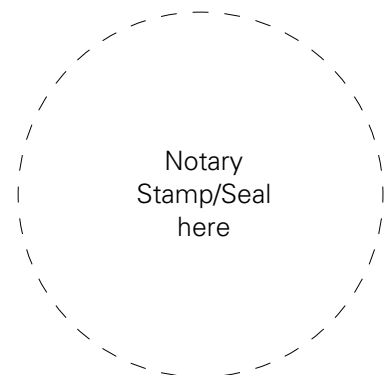
I, \_\_\_\_\_ (name of applicant), declare that the answers given to the questions in this application and the information I supplied on this application, are true, complete, and accurate in every respect, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if it were made under oath and by virtue of the *Canada Evidence Act*.

Signature of Applicant \_\_\_\_\_

DECLARED before me at the city of \_\_\_\_\_, in (country) \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

A Commissioner for Oaths or Notary Public

\_\_\_\_\_  
 Must include a stamp or seal of Commissioner for Oaths or Notary Public and on Form 2 Statutory Declaration.





## STATUTORY DECLARATION (DENTISTS/STUDENT PRACTITIONERS)

IN THE MATTER OF AN APPLICATION FOR REGISTRATION WITH THE COLLEGE OF DENTAL SURGEONS OF BC, IN THE PROVINCE OF BRITISH COLUMBIA, CANADA

I, \_\_\_\_\_,  
of (City/Country) \_\_\_\_\_

do solemnly declare that:

1. I am a person of good character.
2. I am aware of the *Health Professions Act* of British Columbia and the regulations and Bylaws of the College of Dental Surgeons of British Columbia made pursuant to that Act.
3. I will practise at all times in compliance with the *Health Professions Act* of British Columbia and the regulations and Bylaws of the College of Dental Surgeons of British Columbia made pursuant to that Act.

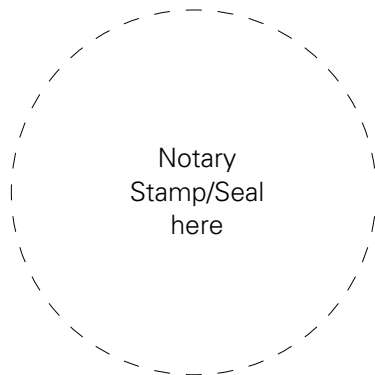
AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant \_\_\_\_\_

DECLARED before me at the city of \_\_\_\_\_, in (country) \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

A Commissioner for Oaths or Notary Public \_\_\_\_\_

(Must include a stamp or seal of Commissioner for Oaths or Notary Public)



**THIS FORM MUST BE SIGNED AND STAMPED WITH THE NOTARY SEAL.**



## 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.