



DENTIST INSTRUCTIONS FOR APPLICATION FOR TRANSFER

This application package is for dentists who **hold current registration** with CDSBC and wish to transfer to another class of registration.

All registration requirements of the requested registration class must be met and confirmed by supporting documentation. Quality Assurance Requirements (continuing education and continuous practice) must be met.

Documentation

In addition to a completed Application for Transfer, the following supporting documentation is required if not currently on file with CDSBC. Please email registration@cdsbc.org for confirmation:

For Full Registration:

- A notarized copy of NDEB Certificate (if not already provided to CDSBC)
- Verification of current liability insurance

For Academic Registration:

- Written verification of full-time appointment as a full professor, associate professor or assistant professor of dentistry at UBC or another post-secondary educational institution
- Verification of current liability insurance

For Limited (education, research or volunteer) Registration:

- A notarized copy of NDEB Certificate (if not already provided to CDSBC)
- Written verification of purpose for registration e.g. presenting a dental course, conducting or engaging in a clinical presentation, study club, research program or dental teaching program at or under the sponsorship of the Faculty of Dentistry at UBC, another post-secondary institution or other group or organization approved by the CDSBC Registration Committee, or for the purpose of carrying out volunteer activities
- Verification of current liability insurance

For Limited (armed services or government) Registration:

- A notarized or copy of NDEB Certificate (if not already provided to CDSBC)
- Written verification of the registrant's employment with or by the Canadian Armed Services or government

For Limited (post-graduate) Registration:

- A notarized copy of NDEB Certificate (if not already provided to CDSBC)
- Written verification that the registrant is taking or engaging in a course, clinical placement, research program, internship or residency offered at the post-graduate level by or under the sponsorship of the Faculty of Dentistry at UBC or another post-secondary educational institution, hospital or other institution approved by the CDSBC Registration Committee

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

FEES

Initial application and annual registration fees already paid for 2022/23 will be applied to the new registration class if transfer takes place in the same fiscal year. Any outstanding balance may be paid:

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 applicable fees 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

Annual registration fees are non-refundable once paid, regardless of registration class.

To Transfer to Full Registration

If this is your first time applying for Full Registration:

Current registration	Application Fee 2022/23		Registration Fee 2022/23	
	<i>Paid for current registration</i>	<i>To transfer to Full Registration</i>	<i>Paid for current registration</i>	<i>To transfer to Full Registration</i>
Academic	<i>C\$3,164</i>	<i>C\$0</i>	<i>Mar- Aug \$1,633</i> <i>Sep- Feb \$817</i>	<i>\$0</i> <i>\$0</i>
Limited: Education, Armed Services/ Government	<i>\$792</i> <i>\$0</i>	<i>\$2,372</i> <i>\$3,164</i>	<i>Mar- Aug \$792</i> <i>Sep- Feb \$792</i>	<i>\$841</i> <i>\$25</i>
Limited: Research	<i>\$83</i> <i>\$0</i>	<i>\$3,081</i> <i>\$3,164</i>	<i>Mar- Aug \$83</i> <i>Sep- Feb \$83</i>	<i>\$1,550</i> <i>\$734</i>
Limited: Post-Graduate	<i>\$83</i> <i>\$0</i>	<i>\$3,081</i> <i>\$3,164</i>	<i>Mar- Aug \$316</i> <i>Sep- Feb \$316</i>	<i>\$1,317</i> <i>\$501</i>
Limited: Volunteer	<i>\$83</i> <i>\$0</i>	<i>\$3,081</i> <i>\$3,164</i>	<i>Mar- Aug \$0</i> <i>Sep- Feb \$0</i>	<i>\$1,633</i> <i>\$817</i>
Non-Practising <i>- Plus \$50.00 administrative fee</i>	<i>\$3,164</i>	<i>\$0</i>	<i>Mar- Aug \$792</i> <i>Sep- Feb \$792</i>	<i>\$841</i> <i>\$25</i>

PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.

If you have previously held Full Registration:

There will be no application fee.

Current registration	Registration Fee 2022/23	
	<i>Paid for current registration</i>	To transfer to Full Registration
Academic	<i>Mar- Aug \$1,633</i>	\$0
	<i>Sep- Feb \$817</i>	\$0
Limited: Education, Armed Services/Government	<i>Mar- Aug \$792</i>	\$841
	<i>Sep- Feb \$792</i>	\$25
Limited: Research	<i>Mar- Aug \$83</i>	\$1,550
	<i>Sep- Feb \$83</i>	\$734
Limited: Volunteer	<i>Mar- Aug \$0</i>	\$1,633
	<i>Sep- Feb \$0</i>	\$817
Non-Practising - <i>Plus \$50.00 administrative fee</i>	<i>Mar- Aug \$792</i>	\$841
	<i>Sep- Feb \$792</i>	\$25

To Transfer from Full Registration to Another Class

There will be no application or registration fee, except for transferring to Certified Specialist or Restricted to Specialty class – there will be an application fee of \$716.00

If transferring to Non-Practising, there will be an administrative fee of \$50.00.

DENTIST – APPLICATION FOR TRANSFER

Surname _____ **First** _____

Middle _____ **Preferred Name** _____

Previous Surname (if applicable) _____

CDSBC Registration Number _____ **Date of birth – M/D/Y** _____

Current Registration Class – indicate

- Full
- Certified Specialist
- Restricted to Specialty
- Academic
- Limited (education)
- Limited (research)
- Limited (volunteer)
- Limited (armed services or government)
- Limited (post graduate)
- Non-Practising

Registration requested – indicate

- Full
- Certified Specialist*
- Restricted to Specialty*
- Academic
- Limited (education)
- Limited (research)
- Limited (volunteer)
- Limited (armed services or government)
- Limited (post graduate)
- Non-Practising

*Can only transfer to this registration class if you have previously held this registration with CDSBC.

Requested Effective date of transfer (M/D/Y) _____

Note: Your request cannot be backdated.

If holding or transferring to non-practising registration:

- As a non-practising dentist, I declare that I will not practise dentistry in B.C. without first converting my registration to practising status. Initial here _____

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 _____ *E-mail _____

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

Quality Assurance Requirements

If your NDEB Certificate was issued more than three years ago, have you engaged in the practise of dentistry in another jurisdiction over the preceding three years? Yes No

Continuous Practice

Please provide number of continuous practice as a licensed/regulated dental healthcare provider (defined as 900 hours over the preceding three years).

Practice hours in 20 ____: 20 ____: 20 ____:

Indicate specific number of hours, e.g. 950.

Note: Acceptable continuous practice activities include the provision of clinical dental treatment and/or consultation, employment as a dental educator or researcher, or full-time enrollment in a dental education program.

Continuing Education

Please attach a copy of your current continuing education transcript from any **other** regulatory/licensing body if applicable indicating that you have met the requirements of that body (defined as 36 credits over the preceding three years).

Privacy and Security

CDSBC must collect and manage certain personal information to fulfill its regulatory purpose as set out in the *Health Professions Act* (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.

Some of the information CDSBC collects must be publicly accessible pursuant to the *HPA*. You may also wish for CDSBC to provide your contact information to other professional organizations for the purposes stated. Please provide your instructions below:

Consent Levels for Release of Information

The *HPA* and the CDSBC Bylaws require that certain information be included in the CDSBC register and be publicly accessible. **Level 1** includes a list of the information which will appear in the register and on the CDSBC web site. This is mandatory by law.

Level 1, below, is the minimum required however you may wish to allow for other use of your information as outlined below in Level 2 and Level 3. Please check one box below.

Level 1 (Minimum required by law)

- Your practice address, telephone number, and email address (if requested);
- The year of your graduation, and the year of your initial registration with CDSBC;
- The class of registration held, and any limits or conditions imposed on your registration, including any notations of cancellation or suspension of your registration; and
- Additional CDSBC registered qualifications, such as for sedation.

Level 2

This consent level, in addition to **Level 1**, allows for personal contact information (mailing address) to only be released to the BC Dental Association (BCDA) and the Canadian Dental Association (CDA).

- BCDA provides services such as the Fee Guide, member newsletters, information on the Pacific Dental Conference and the Dental Wellness Program (DWP).

Level 3

This consent level, in addition to **Levels 1 & 2**, allows for personal contact information (mailing address) to be released to selected third parties for professional purposes only.

- Professional purposes may include CE opportunities, dental conferences, and information from component societies.
- This does not include commercial enterprises providing products or services.

Are you registered/licensed elsewhere as a healthcare provider?

Yes No If yes, complete the following:

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

IMPORTANT: Transfer from Non-Practising status

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 to determine the appropriate timing of this request to ensure your Certificate or Letter of Standing is dated within our 30-day policy.

Professional Liability Insurance

Select applicable box. Coverage of at least \$3,000,000 for British Columbia is mandatory.

CDSPI Other _____

Note: if you already have liability insurance in another jurisdiction, please confirm that the coverage extends to B.C. You will need to provide a copy of your policy if so.

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 dentist 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 _____ **Date – M/D/Y** _____

Your transfer cannot be completed without your signature.