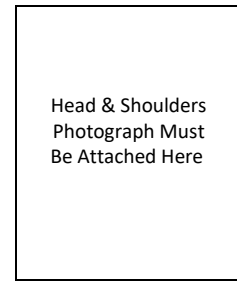




Student Registration Renewal (2nd – 4th years)

Return completed form to CDSS: cdss@saskdentists.com
 201 1st Ave S
 1202 The Tower at Midtown
 Saskatoon, SK S7K 1J5



All information requested in this application must be provided; if application is not complete, it may be returned or rejected.

Every false statement knowingly made, or connived, by the applicant in any clause in this application is good cause for the rejection of the application or for revocation of registration.

1. **Name:**
 (PLEASE PRINT CLEARLY)
2. **Mailing Address:**
 (Unit #, Street / Box #) (City, Province/State) (Postal/Zip Code)
3. **Email Address:** 4. **Phone #:**
5. **Birth Date:** 6. **Place of Birth:**
 (Day/Month/Year) (City/Province/Country)
7. **Present Status:** 2nd Year 3rd Year 4th Year (Class of 20.....)
8. **Colleges/Universities Attended:** **Dates Attended:** **Degree Received:**

Student Registration Declarations

1. Have you ever been subject to a criminal conviction or proceeding? Yes No
2. Have you ever been subject to a civil conviction or proceeding, including fraud? Yes No
3. Do you have any outstanding civil judgements or disobeyed court orders? Yes No
4. Have you ever been terminated of employment with cause? Yes No
5. Have you ever been disqualified or disciplined by any other professional organization, including failure to meet good character requirements? Yes No
6. Have you ever faced allegations of academic misconduct? Yes No
7. Have you ever filed for bankruptcy? Yes No
8. Have you ever been the subject of a complaint to the Canadian Human Rights Commission, or a similar commission/institution in another country? Yes No

I HEREBY MAKE APPLICATION to become registered as a student member of the College of Dental Surgeons of Saskatchewan as provided under the Dental Disciplines Act of Saskatchewan.

If granted a license to practice dentistry in Saskatchewan, I solemnly promise and undertake to faithfully and truly submit and conform to and obey, all bylaws, standards and orders of the College of Dental Surgeons of Saskatchewan and that I will practice the profession in accordance with the Dental Disciplines Act.

AFFIDAVIT: I make this solemn declaration believing all the above statements to be true and knowing that it is of the same force and effect if made under oath and by virtue of the Canada Evidence Act, 1893

Taken & declared in the City of, Province of, this day of, 20.....

.....
 (SIGNATURE OF APPLICANT)