



Application for Registration and Licensure Academic

Return application with supporting documents and registration fee to:
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.

A \$500 non-refundable application fee must accompany this form. (Cheque, Visa or MC.)

Card #: Expiry: CVD:

Name on credit card: _____

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 license.

Attach Recent Head
& Shoulders Photograph

Here
(Passport-Style)

Or
Email Photo to:

cdss@saskdentists.com

1. Name: _____
(First Name) (Last Name) (Middle Initial)

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: ☐ New Graduate ☐ Previously Licensed Dentist ☐ Student

8. Colleges/Universities Attended: _____ Dates: _____ (Include a certified copy of any dental diplomas)

_____	_____	_____
_____	_____	_____
_____	_____	_____

9. National Dental Examining Board certification #: _____ (Include a copy of your NDEB certificate)

10. Licensing History:
Province / State / Country: _____ Dates: _____ Specialty: _____

You **must** request a Certificate of Standing be sent **directly** to the CDSS from **all** jurisdictions where you have been registered/licensed.

-----CERTIFICATES SUBMITTED BY AN APPLICANT WILL **NOT** BE ACCEPTED-----

11. Expected start date in Saskatchewan: _____

12. Are you currently licensed to practice in any other jurisdictions? (Name each: _____) YES ☐ NO ☐
13. Have you been actively practicing dentistry / treating patients in the last 2 years? YES ☐ NO ☐
14. Are you a Canadian Citizen or Permanent Resident of Canada YES ☐ NO ☐
15. Do you plan to be a faculty member at the U of S, Sask Polytechnique or _____? YES ☐ NO ☐
If yes: Full-time? ☐ Part-time? ☐ Will you also practice? YES ☐ NO ☐
16. Have you ever been the subject of any Professional or Academic Misconduct / Incompetence cases in any jurisdiction? YES ☐ NO ☐
17. Has any license entitling you to practice dentistry ever been suspended or revoked? YES ☐ NO ☐
18. Have you ever been convicted of a criminal offence? YES ☐ NO ☐
19. Will your professional liability insurance be provided by CDSPi? If other provider please list _____ YES ☐ NO ☐
20. Have you had any Professional Liability Insurance Settlements in any jurisdiction including Saskatchewan? YES ☐ NO ☐
21. Have you ever been found guilty of negligence, malpractice or incompetence in a Superior Court? YES ☐ NO ☐
22. Are you aware of any injury, dependency, infection, disorder or other condition that would impair your ability to practice safely and competently? YES ☐ NO ☐
23. Is your basic life support training current? YES ☐ NO ☐
24. Please indicate the level of sedation that you practice: None ☐ Mild ☐ Moderate ☐ Deep ☐
(If you practice sedation please read and understand the CDSS Sedation Standard/Guidelines)
25. If you plan to administer Nitrous Oxide in SK will you have a scavenger system? YES ☐ NO ☐
26. Have you read and understood the CDSS Infection Prevention and Control Standard? YES ☐ NO ☐
27. Have you read and understood the CDSS Advertising Guidelines? YES ☐ NO ☐
28. Indicate languages other than English in which you can provide services: _____
29. Will you be affiliated with more than one dental facility in Saskatchewan? YES ☐ NO ☐
- If you answered 'yes' to questions #16-18 or #20-22, please include a brief written summary (on a separate page) elaborating on the circumstances relating to your response.**
30. Please fill-in the following information for ALL SK facilities in which you plan to practice at.

Name of Facility: _____ <i>(As it appears publicly in external advertising.)</i>	
Address of Facility: _____ <i>(Include complete mailing address and if different, include street address as well.)</i>	
Facility Ph #: _____	Facility Fax #: _____ Afterhours Ph #: _____
Website: _____ **Is this facility owned by a non-CDSS member? ☐ Yes ☐ No	
Indicate your relationship to this facility (Choose one only): ☐ owner ☐ associate ☐ supervisor at a U of S dental facility ☐ operate in a health region O.R. ☐ surgicentre contract ☐ long-term care facility contract	
Will you practice at this location? ☐ Yes ☐ No <i>(If this is a proposed mobile facility, additional approval by Council is required.)</i>	
External Sterilizer Monitoring Service Used at Facility (eg: U of S): _____	

***Preferred Email Address:** _____
(Using the same email address as another CDSS member will result in not having access to the member-side of the CDSS website)

Name Printed: _____ **Signature:** _____ **Date:** _____

**Please be aware that the preferred email address you provide will be used to distribute: CDSS Alerts, e-Newsletters, Continuing Education*

I HEREBY MAKE APPLICATION to become registered as a 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 and declared before me in the City
of _____, Province of
_____, this _____ day
of _____, 20_____.

**A Commissioner of Oaths or Notary Public
(*must be signed & stamped/embossed with seal)

(SIGNATURE OF APPLICANT)
(To be signed in front of a Notary Public or Commissioner of Oaths)

(office use only)

CDSPI confirmation of insurance letter	YES___ NO___
Photo	YES___ NO___
Certified/Notarized copy of Diploma(s)	YES___ NO___
Certificate(s) of Standing	YES___ NO___
Consent to Release Information	YES___ NO___
Fee Paid	YES___ NO___
Good Character Declaration	YES___ NO___

This is to certify that _____ was granted **registration** number _____ on the
_____ day of _____ 20_____.

(Registrar)
COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN

This is to certify that _____ was granted a _____ **license**
with number _____ on the _____ day of _____ 20_____.

SEAL

(Registrar)
COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN