



Application for Student Penultimate Summer Licensure

Return application with supporting documents and license 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 \$20 license fee must accompany this form. (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.

*****Do not use staples anywhere in your application*****

Attach Recent Head & Shoulders Photograph Here (Passport-Style) Or Email Photo to: cdss@saskdentists.com

1. Name: _____

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 Previous Licensed Dentist Student

8. Colleges/Universities Attended: _____ Dates Attended: _____ **Degree Received: _____

**** Please verify by including a certified copy of any dental degree you may have received. (if applicable)**

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

10. Name(s) of dentist(s) who will be in charge of your supervision: _____
****Please include the completed letter(s) of supervision with your application****

11. Expected start date at clinic: _____ 12. Expected end date at clinic: _____

CDSS License Declarations

1. Have you attended the licensure meeting with the CDSS Registrar? YES NO
2. Are you licensed to practice in any other jurisdictions? (Name each: _____) YES NO
3. Have you been the subject of any Professional Misconduct or Professional Incompetence cases in any jurisdiction? YES NO
4. Have you ever been the subject of Academic Misconduct or Academic Incompetence in any jurisdiction? YES NO
5. Has any license entitling you to practice dentistry ever been suspended or revoked? YES NO
6. Have you ever been convicted of a criminal offence? YES NO
7. Will your professional liability insurance be provided by CDSPi? YES NO
8. Have you had any Professional Liability Insurance Settlements in any jurisdiction including Saskatchewan? YES NO
9. Have you ever been found guilty of negligence, malpractice, or incompetence in a Superior Court? YES NO
10. Are you aware of any injury, dependency, infection, disorder, or other condition that would impair your ability to practice safely and competently? YES NO
11. Is your basic life support training current? YES NO
12. 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)

13. If you plan to administer Nitrous Oxide will you have a scavenger system? YES NO
14. Have you read and understood the CDSS Infection Prevention and Control Standard? YES NO
15. Are daily in-house biological indicator (B.I.) tests completed (including one incubated control B.I.) in each clinic in which you will practice? YES NO
16. Is there an external sterilizer monitoring service for weekly B.I. testing in each clinic in which you will practice? YES NO
17. Do you have a Radiation Health and Safety Manual in each clinic in which you will practice? YES NO
18. Do you have an ISO approved amalgam separator in each clinic in which you will practice? YES NO
19. Indicate languages other than English in which you can provide services: _____
20. Will you practice in more than one practice location? YES NO

21. Please provide practice names, **complete** addresses, phone #s and after hours call #s for **each** of the clinics in which you will be practicing. **(Please inform the CDSS of any changes that may occur.)**

SK practice name(s) & address(es):	Office phone # & fax #:	After hours phone #:	Name of <u>External</u> Sterilizer Monitoring Service Used:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____ Date: _____ Preferred Email Address: _____

By signing this, you are granting permission for the CDSS and the University of Saskatchewan to share information relating to you that may be deemed relevant to your licensure with the CDSS.

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_____

Signed by Commissioner of Oaths or Notary Public.
(must include stamp/embossed seal)

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

(office use only)

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

(Registrar)
COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN

(office use only)

CDSPI confirmation of insurance letter	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certificate of Standing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Consent to Release Information	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fee Paid	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Good Character Declaration	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Letter(s) of Supervision	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(office use only)

This is to certify that _____ was granted a **Student Penultimate Summer License** with
number _____ on the _____ day of _____ 20_____.

SEAL

(Registrar)
COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN



College of Dentistry

Any patient-related activity by a student who successfully completes the third year of the D.M.D. program is restricted to clinical activities that fall within the curricular exposure as noted herein. The student:

- is recertified in CPR at the BLS C (Basic Rescuer) level.
- has basic clinical experience in selecting appropriate intro-oral radiographic series, taking intro/oral radiographs and performing radiology interpretations.
- has received didactic instruction in diagnosis and treatment planning of simple and complex orthodontic cases
- has received instruction in the diagnosis, pathogenesis, clinical and histologic features, management, and prognosis of oral diseases with emphasis on their oral manifestations and implications.
- is considered competent in periodontal diagnosis and non-surgical periodontal therapy.
- can provide treatment planning and perform restorative dental procedures.
- has pedodontic clinical knowledge of traumatic injuries to primary and young permanent teeth, child growth and development, and behaviour management.
- has had clinical practice in complete and partial denture therapy.
- has had instruction and clinical procedures and techniques in fixed prosthodontics.
- has performed diagnoses, treatment planning and dental emergency procedures under faculty guidance.
- has received lectures and demonstrations in the use of various techniques of conscious sedation.
- has experience in patient history taking, sterile techniques, basic and advanced techniques for the removal of teeth and management of related complications and the management of orofacial infections.
- has participated in minor oral surgical procedures, operating room protocol and observed major maxillofacial surgery.
- has had didactic instruction in common medical problems affecting dental management.
- has participated in hospital rosters for patient care and management of diseases under the guidance of medical and house staff.
- has had didactic and laboratory assignments in the principles and procedures of implant prosthodontics.
- has been introduced to the concepts of practice management, including the Dental Code of Ethics.