



## Application for Registration and Licensure Student Penultimate Summer

Return application with supporting documents and registration fee to:  
201 1<sup>st</sup> Ave S  
1202 The Tower at Midtown  
Saskatoon, SK S7K 1J5  
Or email to [cdss@saskdentists.com](mailto:cdss@saskdentists.com)

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

**A \$20 non-refundable license fee must accompany this form. (Cheque, Visa or MC.)**

Card #:     Expiry:   CVD:

Name on credit card: \_\_\_\_\_

**Please note the CDSS will use this credit card to process the licensing fees upon approval of licensure.**

**If you require the licensing fees to be charged differently, please inform the CDSS office when applying.**

1. Name: \_\_\_\_\_  
(First Name) (Last Name) (Middle Name)
2. Mailing Address: \_\_\_\_\_  
(Unit #, Street / Box #) (City, Province/State) (Postal/Zip Code)
3. 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)  
**\*Please be aware that the preferred email address you provide will be used to distribute: CDSS Alerts, e-Newsletters, Continuing Education. Unsubscribing from these emails will not be an excuse or justification of ignorance in a PCC investigation.\***
4. Phone #: \_\_\_\_\_
5. Birth Date: \_\_\_\_\_  
(Day/Month/Year)
6. Place of Birth: \_\_\_\_\_  
(City/Province/Country)
7. Email a recent head & shoulders (passport style) photo to [cdss@saskdentists.com](mailto:cdss@saskdentists.com)
8. Colleges/Universities Attended: \_\_\_\_\_ Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Include a Notarized or Certified copy of any dental diplomas)**

9. Licensing History: (If applicable)

Province / State / Country:

Dates:

Specialty:

_____	_____	_____
_____	_____	_____
_____	_____	_____

10. You must request a Criminal Record Check including Vulnerable Sector Screening be sent directly to the CDSS from all jurisdictions where you have been residing in the past 12 months.

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

11. I am an undergraduate dental student having successfully completed my penultimate year and will be employed and practicing under the direct supervision of a full practicing registrant in good standing with the College of Dental Surgeons of Saskatchewan, during the summer recess.

YES ☐ NO ☐

12. I understand that I must only practice dental procedures when a designated fully licensed dentist is present.

YES ☐ NO ☐

13. I understand that I must limit my practice to the level of training at the end of year 3 at the College of Dentistry and to the procedures that I have actually performed during my training at the College of Dentistry.

14. Expected start date in Saskatchewan: \_\_\_\_\_

YES ☐ NO ☐

15. I understand that the Student Licence will expire on August 15.

YES ☐ NO ☐

16. In the past 12 months, have any complaints, investigations, discipline proceedings, and or fitness to practice inquiries been made against you alleging professional / academic misconduct or incompetence in any jurisdiction?

YES ☐ NO ☐

17. In the past 12 months, have you been convicted of a criminal offence?

YES ☐ NO ☐

18. I acknowledge that I have read, understand, and agree to the terms of the Criminal Record Check Policy of the College of Dental Surgeons of Saskatchewan for Initial Applications. In addition, I understand that registration and licensure to practice dentistry in the province of Saskatchewan is conditional upon the CDSS's receipt and review of my Criminal Record Check, including a vulnerable sector screening. Both must be completed and submitted with the application. The Criminal Record Check and Vulnerable Sector Screening are to be submitted to the Registrar's Office.

YES ☐ NO ☐

19. If I am required to complete the extended fingerprint process for the Vulnerable Sector Screening, I attest that the expected outcome will be clear. If the outcome is not clear, I understand that my case will be immediately reviewed by the Criminal Record Check Review Committee with possible outcomes as described in the Criminal Record Check Policy.

YES ☐ NO ☐

20. Are you aware of any injury, dependency, infection, disorder or other condition that would impair your ability to practice safely and competently?

YES ☐ NO ☐

21. Have you recently read and understood the CDSS Good Character Standard?

YES ☐ NO ☐

22. Have you recently read and understood the CDSS Code of Ethics and the CDSS Regulatory Bylaws Part 9.2?

YES ☐ NO ☐

23. I understand that I must attend and co-operate fully with the Quality Assurance Committee, Professional Conduct Committee, or Discipline Committee following notification by the College.

YES ☐ NO ☐

24. I understand I must comply with all the prescribed obligations, terms, and conditions of any agreement or program concluded in the course of an assessment or investigation during quality assurance, professional conduct, and discipline with the College.

YES ☐ NO ☐

25. Are you current with cardiopulmonary resuscitation life support training?

YES ☐ NO ☐

26. Have you recently read and understood the Health Information Protection Act and Regulations?

YES ☐ NO ☐

27. I understand that I must sign an Employee Pledge of Confidentiality Form.

YES ☐ NO ☐

28. Have you recently read and understood the CDSS Informed Consent Process Standard?

YES ☐ NO ☐

29. Have you recently read and understood the CDSS Infection Prevention and Control Standard?

YES ☐ NO ☐

30. Have you recently read and understood the CDSS Radiation and Imaging Standard?

YES ☐ NO ☐

31. Indicate languages other than English in which you can provide services:

32. Are you affiliated with more than one dental facility in Saskatchewan? YES ☐ NO ☐

33. If you answered 'yes' to questions #16, 17, or 20 please include a brief written summary (on a separate page) elaborating on the circumstances relating to your response.

Please fill in the following information for **ALL** SK facilities in which you plan to practice. If multiple, please use additional pages.

**Name of Full Practicing Registrant(s) in Good Standing with the CDSS:**

\_\_\_\_\_

**Name of Facility:**

\_\_\_\_\_

*(As it appears publicly in external advertising.)*

**Address of Facility:**

\_\_\_\_\_

*(Include complete mailing address and if different, include street address as well.)*

**Facility Ph #:** \_\_\_\_\_

**Facility Fax #:** \_\_\_\_\_

**Afterhours Ph #:** \_\_\_\_\_

**Website:** \_\_\_\_\_

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)**

Seal

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(office use only)

Photo	YES___ NO___
Certified/Notarized copy of Diploma(s)	YES___ NO___
Certificate(s) of Standing	YES___ NO___
Consent to Release Information	YES___ NO___
Criminal Record Check	YES___ NO___
Good Character Declaration	YES___ NO___
Jurisprudence Exam & Ethics	YES___ NO___
Fee Paid	YES___ NO___
Orientation	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\_\_\_\_\_.

\_\_\_\_\_  
(Registrar)  
COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN

**SEAL**



RE: Student Penultimate Summer License

Dear Registrant:

This correspondence will confirm that \_\_\_\_\_, has been registered as a student member under section 2.6 (b)(i) of the Bylaws and will be supervised by yourself.

Please find enclosed a list of experiences for the students that have completed 3<sup>rd</sup> year and are promoted to 4<sup>th</sup> year.

Please be aware of the Section 2.6 (b)(i) of the Bylaws that states, “**who works under direct supervision**”. As such, the student **must only practice such procedures when a designated fully licensed dentist is present**. It is expected that the student will limit their practice to the level of training at the end of year 3 at the University of Saskatchewan, College of Dentistry and this student should be limited to procedures that they have actually performed at the U of S College of Dentistry during their training.

Please sign the below statement and return to the CDSS office.

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I, Dr. \_\_\_\_\_ agree to the terms and professional expectations in the above statements and Bylaw 2.6(b)(i).

Name of dental facility where you will be supervising student: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Thank you for supervising this student.

Sincerely,

Dr. Dean Zimmer  
Registrar  
College of Dental Surgeons of Saskatchewan



Any patient-related activity by a student who successfully completes the third year of the DMD 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.
- Has experience in periodontal diagnosis and non-surgical periodontal therapy.
- Has experience providing treatment planning and perform direct restorative dental procedures.
- Has knowledge of traumatic injuries to primary and young permanent teeth, growth and development, and behaviour management.
- Has had clinical practice in removable prosthodontics.
- Has had instruction and clinical procedures and techniques in fixed prosthodontics
- Has didactic and simulation experience and limited clinical experience in endodontic procedures.
- Has received classroom lectures in the use of various techniques of conscious sedation
- Has experience in patient history taking, sterile techniques and instruction in basic and advanced techniques for the removal of teeth and management of related complications and the management of orofacial injections.
- 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 on implant prosthodontics.
- Has been introduced to the concepts of practice management, including the Dental Code of Ethics.

# GOOD CHARACTER OR SUITABILITY STANDARD

(UPDATED APRIL 2022)



The candidate for license to practice and renewal of that license bears the burden of not only proving to the CDSS that they have met all academic and other requirements of the profession, but also of meeting a standard of being of good character, or at least, not of bad character. An otherwise outstanding candidate for licensure may be denied entry for failure to meet the CDSS Standard of Good Character

## What is Good Character Generally?

Good character does not involve a standard of perfection. What it does require is “those qualities which might reasonably be considered in the eyes of reasonable men and women to be relevant to the practice” of the profession, at the time of application and renewal.

The question is whether the applicant whose past conduct raises issues about his or her character is able to demonstrate that, at the time of application and renewal, he or she has been rehabilitated. The College of Dental Surgeons of Saskatchewan believes that the six most common traits that are indicative of good character are:

1. Trustworthiness;
2. Respect;
3. Responsibility;
4. Fairness;
5. Caring; and
6. Citizenship (showing respect for the law and lawful authority).

The CDSS requires the applicant to disclose any prior conduct that could be considered to show bad character and also requires a criminal record check and an applicant interview. Barring disclosure of prior bad conduct or a criminal record, this is the end of the good character inquiry for most applicants. An assessment of the character will only occur where some prior conduct showing possible bad character is revealed.

- **TOOLS FOR ASSESSING THE CHARACTER OF APPLICANTS MAY INCLUDE:**
  - Character references;
  - Character-related questions on the application form;
  - Requiring applications to pass a professional practice examination which includes topics on ethics and the Code of Ethics;
  - Criminal background checks; and
  - Social media presence.
- **THE CDSS LICENSING PROCESS AND APPLICATION FORMS MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING PAST BEHAVIOURS:**
  - Criminal convictions or proceedings;
  - Civil convictions, including fraud, malpractice or other;
  - Outstanding civil judgement and disobeyed court orders;
  - Termination of employment with cause;

- Disqualification, discipline, complaints in any professional organization, including failing to meet good character requirements;
  - Allegations of academic misconduct;
  - Bankruptcy; and
  - Human rights violations.
- **A CDSS ASSESSMENT OF CHARACTER MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING:**
    - To what degree should behavior exhibited solely in private life affect a good character assessment?
    - Is it a singular incident, an aberration?
    - Is it a serious infraction that occurred in the distant past? Is it a very minor infraction that would not raise an eye alone, but is repeated consistently over time, or are exhibited in conjunction with other minor infractions?
    - Is it related to changing social mores?
    - Is it honestly blamed on disability?
    - Is it a behavior that was shaped by factors out of the applicant's control, such as the environment in which he or she was raised and where can the line be drawn?
- **IN CONSIDERING SUCH SITUATIONS, THE FOLLOWING ARE FACTORS TO CONSIDER:**
    - The applicant's age at the time of the conduct;
    - The recency of the conduct;
    - The seriousness of the conduct;
    - Factors underlying the conduct;
    - The cumulative effect of the conduct;
    - Evidence of rehabilitation;
    - The applicant's positive social contribution since the conduct, if any.
    - The materiality of any omissions or misrepresentations;
    - The nature and extent of the applicant's voluntary treatment or rehabilitation;
    - The applicant's current attitude about the subject of their disclosure;
    - The applicant's subsequent constructive activities and accomplishments;
    - Evidence of character and moral fitness including the reasonably informed opinion of others regarding the applicant's present moral character; and
    - In light of the entire record of the applicant, whether admission of the applicant would adversely affect the confidence of the public in the profession, as an honorable, ethical and competent profession.
- **WHERE DISCLOSURE RELATES TO A CRIMINAL LAW MATTER OR OFFENCE, THE CDSS MAY ALSO APPLY THE FOLLOWING CRITERIA:**
    - The nature and character of any offences committed;
    - The number and duration of offences;
    - The age and maturity of the applicant when any offences were committed;



- The social and historical context in which any offences were committed;
- The sufficiency of the punishment given for any offences;
- The grant or denial of a pardon or discharge for any offences committed;
- The number of years that have elapsed since the last offence was committed, and the presence or absence of misconduct during that period; and
- The extent to which the applicant has made restitution and to which, if known, the restitution was made voluntarily at the initiative of the applicant, or as a consequence of the order of the Court.

Character is a nuanced concept that requires a unique assessment for each individual seeking admission to the profession. It can be a bar to entry in cases where the applicant has criminal convictions, has committed non-criminal breaches of law, or has merely demonstrated other unacceptable behavior.

The CDSS will consider the nature of any past misconduct, the circumstances which may mitigate it, what the applicant has done to address past conduct by way of reform or rehabilitation, and any other information about the applicant's current moral character. There is no requirement to initially show good character, as there is a presumption of good character in all applicants who have met the general academic, professional and other requirements. Applicants are asked to answer a series of questions in their application for admission and to sign a declaration. Beyond that, the burden is on the regulator to show evidence that past conduct by the applicant displays a lack of good character. Where the CDSS shows such evidence, the burden then shifts to the applicant to show that he or she is currently of good character, notwithstanding past conduct. The standard of proof in all cases is a balance of probabilities.

I, \_\_\_\_\_ have read and understood the above CDSS Good Character Standard.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Document based on The Stamp of Good Repute: Determining "Good Character" for Registration Purposes, Lai-King Hum, McMillan LLP, 2013)*





## Consent for Release of Information

Please complete this form and return it to:  
**College of Dental Surgeons of Saskatchewan**  
**201 1<sup>st</sup> Ave S**  
**1202 The Tower at Midtown**  
**Saskatoon, SK S7K 1J5**

**Email: [cdss@saskdentists.com](mailto:cdss@saskdentists.com)**

I, Dr. \_\_\_\_\_ have applied for licensure with The College of Dental Surgeons of Saskatchewan. I am hereby signing my permission to irrevocably authorize and direct the College of Dental Surgeons of Saskatchewan (CDSS) to provide, my name and clinic information to their public database.

It is understood and acknowledged by me that I have been advised by the College of Dental Surgeons of Saskatchewan that I may wish to obtain legal advice prior to executing this consent and that I have either done so or have had sufficient opportunity to do so prior to executing this Consent for Release of Information. I am signing this document of my own free will, voluntarily and without coercion, having read it and understood it fully.

**IN WITNESS WHEREOF** I have duly executed this release form this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Printed Name of Witness)

\_\_\_\_\_  
(Signature of Witness)