

11. Licensing History:

Province / State / Country:

Dates:

Specialty:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. 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****

13. 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****

14. Expected start date in Saskatchewan: _____

15. Are you or will you be a permanent resident of Saskatchewan (residing in Saskatchewan more than 183 days a year)? YES NO
16. Have you been actively practicing dentistry / treating patients in the last 2 years? YES NO
17. Are you currently licensed to practice in any other jurisdictions? YES NO

If yes name each: _____

18. 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
19. In the past 12 months, has any license entitling you to practice dentistry been suspended or revoked in any jurisdiction? YES NO
20. In the past 12 months, have you had any professional liability insurance settlements in any jurisdiction? YES NO
21. In the past 12 months, have you been found guilty of negligence, malpractice or incompetence in a Superior Court? YES NO
22. In the past 12 months, have you been convicted of a criminal offence? YES NO
23. 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
24. 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
25. Are you aware of any injury, dependency, infection, disorder or other condition that would impair your ability to practice safely and competently? YES NO
26. Have you recently read and understood the CDSS Good Character Standard? YES NO
27. Have you recently read and understood the CDSS Code of Ethics and the CDSS Regulatory Bylaws Part 9.2? YES NO
28. 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
29. 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
30. Will your professional liability insurance be provided by CDSPI with a minimum amount of \$3,000,000? If no, please provide the CDSS with a confirmation of insurance letter. YES NO
31. Are you current with cardiopulmonary resuscitation life support training? YES NO
32. Have you recently read and understood the CDSS Informed Consent Process Standard? YES NO
33. Have you recently read and understood the CDSS Infection Prevention and Control Standard? YES NO
34. Have you recently read and understood the CDSS Advertising Guidelines? YES NO
35. Have you read and understood the CDSS Sedation and General Anesthesia Standard? YES NO

36. Please indicate the level of sedation that you practice?
 None Minimal Moderate Deep
37. Have you recently read and understood the CDSS Radiation and Imaging Standard? YES NO
38. Are you a faculty member at the University of Saskatchewan or Saskatchewan Polytechnic? YES NO
 University of Saskatchewan Saskatchewan Polytechnic
 Full Time Part Time
39. Are you an employee of a government agency or health authority YES NO
40. Indicate languages other than English in which you can provide services:

41. I understand that an academic license entitles one to practice dentistry solely at the University of Saskatchewan College of Dentistry, or Saskatchewan Polytechnic. YES NO
42. I understand that upon termination of full time or part time employment at the University of Saskatchewan College of Dentistry or Saskatchewan Polytechnic, the license shall automatically become void. YES NO
43. **If you answered 'yes' to questions #18, 19, 20, 21, 22, or 25 please include a brief written summary (on a separate page) elaborating on the circumstances relating to your response.**

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

(office use only)

Photo	YES ___ NO ___
Certified/Notarized copy of Diploma(s)	YES ___ NO ___
Certified/Notarized copy of NDEB Certificate	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 ___
CDSPI confirmation of insurance letter	YES ___ NO ___
Fee Paid	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 an **academic license** with number _____ on the _____ day of _____ 20_____.

(Registrar)
COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN

SEAL