The College of Dental Surgeons of Saskatchewan

Application for Registration and Licensure

Locum

Return application with supporting documents and registration fee to:
201 1st Ave S
1202 The Tower at Midtown
Saskatoon, SK S7K 1J5
Or email to 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 $500 non-refundable application 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 registration application fee upon receipt of the application, as well as 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
8. Present Status: ☐ New Graduate ☐ Previously Licensed Dentist ☐ Student
9. Colleges/Universities Attended: Dates:

   _____ _____ _____

   _____ _____ _____

   _____ _____ _____

   (Include a Notarized or Certified copy of any dental diplomas)
10. National Dental Examining Board certification #: _____ Date: _____
    (Include a Notarized or Certified copy of your NDEB certificate)

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. I understand that a Locum License entitles one to practice solely for a consecutive three month period and eligible only once per year. YES ☐ NO ☐
    Please note that your license end date will be 3 months after your license start date.
16. Are you or will you be a permanent resident of Saskatchewan (residing in Saskatchewan more than 183 days a year)? YES ☐ NO ☐
17. Have you been actively practicing dentistry / treating patients in the last 2 years? YES ☐ NO ☐
    YES ☐ NO ☐
18. Are you currently licensed to practice in any other jurisdictions?

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

35. Have you recently read and understood the CDSS Advertising Guidelines? YES ☐ NO ☐
36. Have you read and understood the CDSS Sedation and General Anesthesia Standard? YES ☐ NO ☐

37. Please indicate the level of sedation that you practice?

    None ☐ Minimal ☐ Moderate ☐ Deep ☐

38. Is there a Cone Beam Computed Tomography (CBCT) unit in the facility where you practice? YES ☐ NO ☐
39. Have you recently read and understood the CDSS Radiation and Imaging Standard? YES ☐ NO ☐
40. Do you intend to incorporate neuromodulators in your practice? YES ☐ NO ☐
41. Have you recently read and understood the CDSS Advanced Facial Esthetic Therapies and Adjunctive Considerations Standard? YES ☐ NO ☐
42. Are you a faculty member at the University of Saskatchewan or Saskatchewan Polytechnic? YES ☐ NO ☐
43. Are you an employee of a government agency or health authority YES ☐ NO ☐
44. Indicate languages other than English in which you can provide services:

    _____

45. Are you affiliated with more than one dental facility in Saskatchewan? YES ☐ NO ☐
46. Are you designated as the Comprehensive Authorized Practice Director (CAPD) (or responsible dentist) at the dental facility in Saskatchewan in which you will be practicing? YES ☐ NO ☐
47. **If you answered 'yes' to questions #19, 20, 21, 22, 23 or 26 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 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: _____

****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 be a Comprehensive Authorized Practice Director (CAPD) at this facility location? ☐ Yes ☐ No

Will you practice at this location? ☐ Yes ☐ No (*If this is a proposed mobile facility, additional approval by Council is required.)*

External Sterilizer Monitoring Service used at facility *(eg: U of S)*: _____

International Standards Organization (ISO) Amalgam Separator installed and functioning at facility ☐ Yes ☐ No

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)**

Seal

_____

(SIGNATURE OF APPLICANT)

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

(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___
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 Locum **license** with number _____on the _____day of _____ 20_____.

_____
(Registrar)
COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN

SEAL