



The College of  
**Dental Surgeons**  
of Saskatchewan

## **Application for Registration and Licensure Specialist**

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 \$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](mailto: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. 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. Is there a Cone Beam Computed Tomography (CBCT) unit in the facility where you practice? YES  NO

38. Have you recently read and understood the CDSS Radiation and Imaging Standard? YES  NO

39. Do you intend to incorporate neuromodulators in your practice? YES  NO

40. Have you recently read and understood the CDSS Advanced Facial Esthetic Therapies and Adjunctive Considerations Standard? YES  NO

41. Are you a faculty member at the University of Saskatchewan or Saskatchewan Polytechnic? YES  NO

42. Are you an employee of a government agency or health authority? YES  NO

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

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

45. 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

46. **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.**

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)**

\_\_\_\_\_  
(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 ___
Certified/Notarized copy of RCDC 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 \_\_\_\_\_ **license** with number \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

**SEAL**

## **Application for Specialist Certification**

A \$25 Specialist registration fee will be charged to the credit card on the first page of the application unless otherwise indicated.

Specialty in which certification is requested: \_\_\_\_\_

\*Graduate of which Dental Specialty School: \_\_\_\_\_

**\*Include a certified copy of specialist confirmation from the dental specialty school.**

**\* Include a Notarized or Certified copy of NDEB or RCDC documentation showing you passed the NDSE.**

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Having carefully read the attached CDSS bylaws, standards, orders and the Dental Disciplines Act, I agree to abide by the same and hereby make application for certification to hold myself out as a Specialist in the Province of Saskatchewan, believing the statements herein contained to be true.

Taken and declared before me in the City of \_\_\_\_\_, Province of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Applicant**

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

**SEAL**

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

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(Office Use Only)

This is to certify that \_\_\_\_\_ was granted a \_\_\_\_\_ license on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Registrar**

**SEAL**