



The College of
Dental Surgeons
of Saskatchewan

Application for Registration and Licensure Temporary

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. Expected end date in Saskatchewan: _____

16. The reason for registration being solely for the purpose of:

- a. presenting a graduate or undergraduate training course, or conducting or engaging in a clinical presentation or research program at or under the sponsorship of the University of Saskatchewan College of Dentistry or under the sponsorship of a dental group recognized by the College, or YES NO
- b. participating as a member of a forensic team to assist with identification procedures associated with any disaster which should occur in Saskatchewan; YES NO

17. Are you or will you be a permanent resident of Saskatchewan (residing in Saskatchewan more than 183 days a year)? YES NO

18. Have you been actively practicing dentistry / treating patients in the last 2 years? YES NO

19. Are you currently licensed to practice in any other jurisdictions? YES NO

If yes name each: _____

20. 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

21. In the past 12 months, has any license entitling you to practice dentistry been suspended or revoked in any jurisdiction? YES NO

22. In the past 12 months, has any license entitling you to practice dentistry had terms, conditions, restrictions, or limitations? YES NO

23. In the past 12 months, have you had any professional liability insurance settlements in any jurisdiction? YES NO

24. In the past 12 months, have you been found guilty of negligence, malpractice or incompetence in a Superior Court? YES NO

25. In the past 12 months, have you been convicted of a criminal offence? YES NO

26. 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

27. 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

28. Are you aware of any injury, dependency, infection, disorder or other condition that would impair your ability to practice safely and competently? YES NO

29. Have you recently read and understood the CDSS Good Character Standard? YES NO

30. Have you recently read and understood the CDSS Code of Ethics and the CDSS Regulatory Bylaws Part 9.2? YES NO
31. 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
32. 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
33. 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
34. Are you a faculty member at the University of Saskatchewan or Saskatchewan Polytechnic? YES NO
35. Are you an employee of a government agency or health authority? YES NO
36. Indicate languages other than English in which you can provide services:
37. **If you answered 'yes' to questions #20, 21, 22, 23, 24, 25, or 28 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 ___
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