



Application for Registration and Licensure General Dentist

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

As per section 3.1(2)b of the Dental Disciplines Act (DDA), the objects of each college are to assure the public of the knowledge, skill, proficiency and competency of members in the practice of the profession.

Pursuant to the CDSS Regulatory Bylaws Section 2:

(5) General Qualifications for Registration

- (a) An applicant shall be registered as a registrant subject to these bylaws by the Registrar upon:
 - (i) submitting a completed application for registration form, and any other required forms;
 - (ii) providing evidence of good character;
 - (iii) successfully completing an education program in dentistry recognized by the Council of the College;
 - (iv) successfully completing any examination requirements prescribed in these bylaws;
 - (v) satisfying current registration requirements – including but not limited to criminal record check;
 - (vi) providing payment of the required prescribed registration fees.
- (b) Any applicant to be registered who relocated to Saskatchewan from another province of Canada, who is a licensed registrant in good standing, and is not the subject of any pending complaint or sanctions with the governing body for the profession of dentistry in such province, shall, in addition to the requirements of clauses 2(5)(a)(i)(ii)(v)(vi), also provide from each jurisdiction in which the applicant is currently licensed:
 - (i) consent for the release of information; and
 - (ii) evidence of current certification; and
 - (iii) evidence of current good standing.

(6) General Qualifications for Licensure

- (a) A registrant shall be issued a licence to practice dentistry upon fulfilling the following criteria:
 - (i) has complied with the bylaws with respect to the registration as a registrant;
 - (ii) submitting a completed application for licensure form, and any other requested forms;
 - (iii) provides payment of the required prescribed licence fees;
 - (iv) provides evidence of the required liability insurance as further set out in these bylaws.

(7) General Dentist Registrants

- (a) Subject to any other provisions in these bylaws, an applicant fulfilling the following criteria may be recorded on the annual register as a General Dentist Registrant. General dentist registrants must:
 - (i) satisfy the general qualifications and criteria according to subsection 2(5); and
 - (ii) provide a notarized copy of a degree from a general dentistry school, faculty, or college that is accredited or considered accredited by the Commission on Dental Accreditation of Canada; or
 - (iii) provide a notarized copy of a degree in a non-accredited general dentistry school, faculty, or college and has successfully completed the National Dental Examining Board equivalency examination process; and
 - (iv) provide a currently valid certificate of qualification from the National Dental Examining Board of Canada for general dentists; and
 - (v) have been approved by the Registrar for registration.
- (b) Upon fulfilling the criteria according to subsection 2(6) and clause 2(7)(a), a General Dentist Registrant shall be issued a full practicing licence to practice dentistry in the Province of Saskatchewan.

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. (Visa or MC.)

Card #: Expiry: CVD:

Name on credit card: _____

Billing Address: _____

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, Notices, Updates, e-Newsletters, Continuing Education. Unsubscribing from or ignoring these emails will not be an excuse or justification of ignorance in a PCC investigation or Discipline Hearing. ****

4. Phone #: _____

5. Gender: Female Male Non-binary

6. Birth Date: _____
(Day/Month/Year)

7. Place of Birth: _____
(City/Province/Country)

8. Email a recent head & shoulders (passport style) photo to cdss@saskdentists.com

9. Present Status: New Graduate Previously Licensed Dentist Student

10. Colleges/Universities Attended: _____ Dates: _____

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

11. National Dental Examining Board certification #: _____ Date: _____

(Include a Notarized or Certified copy of your NDEB certificate)

12. Licensing History:

Province / State / Country:	Dates:	Specialty:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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****

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****

Expected start date in Saskatchewan: _____

- 13. Are you or will you be a permanent resident of Saskatchewan (residing in Saskatchewan more than 183 days a year)? YES NO
- 14. Have you been actively practicing dentistry / treating patients in the last 2 years? YES NO
- 15. In the past, have any complaints, investigations, discipline proceedings, and or fitness to practice inquiries been made against you alleging professional / academic misconduct, incompetence, or incapacity in any jurisdiction? YES NO
- 16. In the past, has any license entitling you to practice dentistry been suspended or revoked in any jurisdiction? YES NO
- 17. In the past, have you had any professional liability insurance settlements in any jurisdiction? YES NO
- 18. In the past, have you been found guilty of negligence, malpractice or incompetence in a Superior Court? YES NO
- 19. In the past, have you had a bail conditions imposed upon you or been convicted of a criminal offence? YES NO
- 20. I acknowledge that I have recently read, understand, and agree to the terms of the CDSS Criminal Record Check Policy: For Initial Application. YES NO

- | | | |
|---|------------------------------|-----------------------------|
| 21. I understand that renewal of my membership requires the CDSS's receipt and review of my disclosure of my criminal history, and that every five years I am required to complete a Criminal Record Check including a vulnerable sector screening to verify the truthfulness of my disclosure. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 22. I authorize the CDSS to release information to other Canadian Dental Regulators as necessary in the event that an application discloses criminal history. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 23. I understand that I must immediately report any criminal convictions, outstanding charges, or imposed bail conditions that occur after the date of the criminal record check. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 24. Are you aware of any injury, dependency, infection, disorder or other condition that would impair your ability to practice safely and competently? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 25. Have you recently read and understood the CDSS Good Character Standard? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 26. Have you recently read and understood the CDSS Code of Ethics, the CDA Principles of Ethics, and the CDSS Regulatory Bylaws Section 4.3 - Standards of Professional Conduct? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 27. I understand that I must attend and co-operate fully with the College, the Registrar, Quality Assurance Committee, Professional Conduct Committee, or Discipline Committee following notification by the College. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 28. I understand that unsubscribing from or ignoring College emails will not be an excuse or justification of ignorance in a professional conduct investigation or discipline hearing. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 30. Will your professional liability insurance be provided by CDSPI in the amount not less than three million dollars per occurrence? If no, please include a copy of insurance with application. Note, liability insurance not provided by CDSPI must be fully paid for the year. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 31. Have you recently read and understood the CDSS Continuing Competency and Quality Assurance Program? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 32. Are you current with cardiopulmonary resuscitation life support training? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 33. I understand that it is mandatory that critical and reportable incidents be reported to the Registrar by a written report in a timely manner | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 34. I understand that I must apply for active login capability with the Pharmaceutical Information Program (PIP), in order to prescribe, dispense, or administer monitored drugs? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please indicate the level of sedation that you practice:

None Minimal Moderate Deep General Anesthesia

- | | | |
|---|------------------------------|-----------------------------|
| 35. Have you recently read and understood the CDSS Sedation and General Anesthesia Standard? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 36. I understand that I must apply for a CDSS Sedation Authorization in order to administer sedation. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 37. Is there a Cone Beam Computed Tomography (CBCT) unit in the facility where you will practice? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 38. Have you recently read and understood the CDSS Radiation and Imaging Standard? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

39. Do you interpret small field of view dental CBCT images? YES NO
40. I understand that I must apply for a CDSS CBCT Small Field of View Interpreting Dentist Authorization, in order to interpret CBCT small field of view images? YES NO
41. Do you administer neuromodulators in your practice? YES NO
42. Have you recently read and understood the CDSS Advanced Facial Esthetic Therapies and Adjunctive Considerations Standard? YES NO
43. I understand that I must apply for a CDSS Neuromodulator Dentist Authorization, in order to administer facial esthetics therapies including neuromodulator drugs? YES NO
44. Have you recently read and understood the CDSS Informed Consent Process Standard? YES NO
45. Have you recently read and understood the CDSS Infection Prevention and Control Standard? YES NO
46. Have you recently read and understood the CDSS Advertising Guidelines? YES NO
47. Have you recently read and understood the Health Information Protection Act and Health Information Protection Regulations? YES NO
48. Will you be a faculty member at the University of Saskatchewan or Saskatchewan Polytechnic? YES NO
49. Will you be employed by a government agency? YES NO
50. Will you practice in a long-term care facility? YES NO
51. Will you have privileges or access to practice in a hospital facility or surgical center for adults? YES NO
52. Will you have privileges or access to practice in a hospital facility or surgical center for children? YES NO
53. Will you have access to an operatory wheelchair lift in a private practice facility? YES NO
54. Will you be affiliated with more than one dental facility in Saskatchewan? YES NO
55. Will you be 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
56. I understand that I am responsible to inform the College of any change of practice to maintain my registration and licensure current and in good standing. YES NO

If you answered 'yes' to questions #15, 16, 17, 18, 19, and 24 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 ___
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 Letter	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