



## ***Application for Registration and Licensure 3<sup>rd</sup> Year Student – Penultimate Summer***

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)

### **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.

#### **(10) Student Registrants**

- (a) Subject to any other provisions in these bylaws, an applicant satisfying the following criteria may be recorded on the annual register as a Student Registrant. Student registrants must:
  - (i) satisfy the applicable general qualifications and criteria according to subclauses 2(5)(a)(i)(ii)(vi); and
  - (ii) be:
    - (A) an undergraduate student at the University of Saskatchewan College of Dentistry; or
    - (B) an undergraduate student at the University of Saskatchewan College of Dentistry who following successful completion of their penultimate year is employed by a full practicing registrant in good standing with the College of Dental Surgeons of Saskatchewan, and who works under the direct supervision of a full practicing registrant during the summer recess;
  - (iii) have been approved by the Registrar for registration.
- (b) Upon fulfilling the criteria according to subsection 2(6) and clause 2(10)(a), a Student Registrant shall be issued a restricted practicing licence in the Province of Saskatchewan entitled to practice only such dentistry as is required as part of their training or permitted by the applicable provisions.

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 \$20.00 non-refundable licence 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 licence fee upon approval of licensure.**

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, and 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 to [cdss@saskdentists.com](mailto:cdss@saskdentists.com): (A) a recent head & shoulders (passport style) photo **and** (B) copies of **two** certified government-issued photo identifications.

9. Colleges/Universities Attended: \_\_\_\_\_ Dates: \_\_\_\_\_ Province and/or Country: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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:

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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\*\***

Expected start date in Saskatchewan: \_\_\_\_\_

12. What was the name on your original birth certificate? \_\_\_\_\_  
 In the past, have you ever legally changed your name in any jurisdiction? YES ☐ NO ☐  
 In the past, have you ever used an alias name in any jurisdiction? YES ☐ NO ☐
13. 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 ☐
14. In the past, have you had any bail conditions imposed upon you or been convicted of any criminal offence in any jurisdiction? YES ☐ NO ☐
15. Are you aware of any injury, dependency, infection, disorder or other condition that would impair your ability to practice safely and competently? YES ☐ NO ☐
16. Have you recently read and understood the CDSS Good Character Standard? YES ☐ NO ☐
17. 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 ☐ NO ☐
18. 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 ☐ NO ☐
19. 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 ☐
20. Have you recently read and understood the CDSS Continuing Competency and Quality Assurance Program? YES ☐ NO ☐
21. Are you current with cardiopulmonary resuscitation life support training? YES ☐ NO ☐
22. 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 ☐ NO ☐
23. Have you recently read and understood the CDSS Informed Consent Process Standard? YES ☐ NO ☐
24. Have you recently read and understood the CDSS Radiation and Imaging Standard? YES ☐ NO ☐
25. Have you recently read and understood the CDSS Infection Prevention and Control Standard? YES ☐ NO ☐

26. Have you recently read and understood the Health Information Protection Act and Health Information Protection Regulations? YES ☐ NO ☐
27. I understand that when communicating confidential personal health information, I shall use a secure send electronic mail communication system and use or disclose only de-identified personal health information if it will service the purpose. YES ☐ NO ☐
28. I understand that I must sign an Employee Pledge of Confidentiality Form? YES ☐ NO ☐
29. Will you be affiliated with more than one dental facility in Saskatchewan? YES ☐ NO ☐
30. Indicate languages other than English in which you can provide services:
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31. I understand that as a Student Registrant I shall be issued a restricted practicing licence in the Province of Saskatchewan entitled to practice only such dentistry as is required as part of my training. YES ☐ NO ☐
32. I understand that I am an undergraduate dental student having successfully completed my penultimate year and will be employed and practicing during the summer recess under the direct supervision of a full practicing registrant in good standing with the College of Dental Surgeons of Saskatchewan. YES ☐ NO ☐
33. I understand that I must only practice dental procedures when a designated fully licensed dentist is present in the facility. YES ☐ NO ☐
34. I understand that I must limit my practice to the level of training at the end of year 3 at the College of Dentistry and to the procedures that I have actually performed during my training at the College of Dentistry. YES ☐ NO ☐
35. I understand the fees for professional services provided by a dental student should be submitted utilizing the supervising dentist's Unique Identification Number (UIN), as the supervising dentist is professionally responsible for the patient and the procedure. YES ☐ NO ☐
36. I understand that registration and licensure with the College as a student does not ensure future registration and licensure as a qualified dentist. YES ☐ NO ☐

**If you answered 'yes' to questions #12, 13, 14 and/or 15, 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 #:** \_\_\_\_\_

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.

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\_\_\_\_\_.

\_\_\_\_\_  
\*The Dean or Associate Dean to sign here

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\*To be signed in front of The Dean or Associate Dean

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(office use only)

|  |     |    |
|--|-----|----|
| Photo  | YES | NO |
| Government Issued Photo ID (2)                         | YES | NO |
| Certified/Notarized copy of Diploma(s) (If applicable) | YES | NO |
| Certificate(s) of Standing (If applicable)             | YES | NO |
| Consent to Release Information                         | YES | NO |
| Good Character Declaration                             | YES | NO |
| Supervising Dentist Letter(s)                          | YES | NO |
| Pledge of Confidentiality                              | YES | NO |
| CDSPI confirmation of insurance                        | YES | NO |
| Fee Paid   | YES | NO |

This is to certify that \_\_\_\_\_ was granted **licence number** \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

This is to certify that \_\_\_\_\_ was granted a 3<sup>rd</sup>-year student penultimate licence  
with **receipt number** \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

**SEAL**



Any patient-related activity by a student who successfully completes the third year of the DMD program is restricted to clinical activities that fall within the curricular exposure as noted herein. The student:

- Is recertified in CPR at the BLS C(Basic Rescuer) level.
- Has basic clinical experience in selecting appropriate intro-oral radiographic series, taking intro/oral radiographs and performing radiology interpretations.
- Has received didactic instruction in diagnosis and treatment planning of simple and complex orthodontic cases
- Has received instruction in the diagnosis, pathogenesis, clinical and histologic features, management, and prognosis of oral diseases with emphasis on their oral manifestations and implications.
- Has experience in periodontal diagnosis and non-surgical periodontal therapy.
- Has experience providing treatment planning and perform direct restorative dental procedures.
- Has knowledge of traumatic injuries to primary and young permanent teeth, growth and development, and behaviour management.
- Has had clinical practice in removable prosthodontics.
- Has had instruction and clinical procedures and techniques in fixed prosthodontics
- Has didactic and simulation experience and limited clinical experience in endodontic procedures.
- Has received classroom lectures in the use of various techniques of conscious sedation
- Has experience in patient history taking, sterile techniques and instruction in basic and advanced techniques for the removal of teeth and management of related complications and the management of orofacial injections.
- Has participated in minor oral surgical procedures, operating room protocol and observed major maxillofacial surgery.
- Has had didactic instruction in common medical problems affecting dental management.
- Has participated in hospital rosters for patient care and management of diseases under the guidance of medical and house staff. Has had didactic and laboratory assignments in the principles and procedures on implant prosthodontics.
- Has been introduced to the concepts of practice management, including the Dental Code of Ethics.



Dear CDSS Registrant:

RE: University of Saskatchewan College of Dentistry 3rd Year Student Summer Licence

This correspondence will confirm that \_\_\_\_\_ has been licensed as a student under Section 2 (10)(a)(ii)(B) of the Bylaws and will be supervised by yourself.

Please find enclosed a list of experiences for the students that have completed 3<sup>rd</sup> year and are promoted to 4<sup>th</sup> year.

Please be aware of the Section 2 (10)(a)(ii)(B) of the Bylaws that states, **“who works under direct supervision”**. As such, the student **must only practice such procedures when a designated fully licensed dentist is present**.

It is expected that the student will limit their practice to the level of training at the end of year 3 at the University of Saskatchewan College of Dentistry and this student should be limited to procedures that they have actually performed at the U of S College of Dentistry during their training.

Fees for professional services provided by a dental student should be submitted utilizing the supervising dentists Unique Identification Number (UIN), as the supervising dentist is professionally responsible for the patient and the procedure.

The student is required to sign an Employee Pledge of Confidentiality Form and uphold the requirements of the Health Information Protection Act.

Please sign the below statement and return to the CDSS office.

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I, Dr. \_\_\_\_\_ agree to the terms and professional expectations in the above statements and Bylaw 2 (10)(a)(ii)(B).

Name of dental facility where you will be supervising student: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Thank you for supervising this student.

Sincerely,

Dr. Dean Zimmer  
Registrar  
College of Dental Surgeons of Saskatchewan



# GOOD CHARACTER OR SUITABILITY STANDARD

(UPDATED APRIL 2022)



The candidate for license to practice and renewal of that license bears the burden of not only proving to the CDSS that they have met all academic and other requirements of the profession, but also of meeting a standard of being of good character, or at least, not of bad character. An otherwise outstanding candidate for licensure may be denied entry for failure to meet the CDSS Standard of Good Character

## What is Good Character Generally?

Good character does not involve a standard of perfection. What it does require is “those qualities which might reasonably be considered in the eyes of reasonable men and women to be relevant to the practice” of the profession, at the time of application and renewal.

The question is whether the applicant whose past conduct raises issues about his or her character is able to demonstrate that, at the time of application and renewal, he or she has been rehabilitated. The College of Dental Surgeons of Saskatchewan believes that the six most common traits that are indicative of good character are:

1. Trustworthiness;
2. Respect;
3. Responsibility;
4. Fairness;
5. Caring; and
6. Citizenship (showing respect for the law and lawful authority).

The CDSS requires the applicant to disclose any prior conduct that could be considered to show bad character and also requires a criminal record check and an applicant interview. Barring disclosure of prior bad conduct or a criminal record, this is the end of the good character inquiry for most applicants. An assessment of the character will only occur where some prior conduct showing possible bad character is revealed.

- **TOOLS FOR ASSESSING THE CHARACTER OF APPLICANTS MAY INCLUDE:**
  - Character references;
  - Character-related questions on the application form;
  - Requiring applications to pass a professional practice examination which includes topics on ethics and the Code of Ethics;
  - Criminal background checks; and
  - Social media presence.
- **THE CDSS LICENSING PROCESS AND APPLICATION FORMS MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING PAST BEHAVIOURS:**
  - Criminal convictions or proceedings;
  - Civil convictions, including fraud, malpractice or other;
  - Outstanding civil judgement and disobeyed court orders;
  - Termination of employment with cause;

- Disqualification, discipline, complaints in any professional organization, including failing to meet good character requirements;
  - Allegations of academic misconduct;
  - Bankruptcy; and
  - Human rights violations.
- **A CDSS ASSESSMENT OF CHARACTER MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING:**
    - To what degree should behavior exhibited solely in private life affect a good character assessment?
    - Is it a singular incident, an aberration?
    - Is it a serious infraction that occurred in the distant past? Is it a very minor infraction that would not raise an eye alone, but is repeated consistently over time, or are exhibited in conjunction with other minor infractions?
    - Is it related to changing social mores?
    - Is it honestly blamed on disability?
    - Is it a behavior that was shaped by factors out of the applicant's control, such as the environment in which he or she was raised and where can the line be drawn?
- **IN CONSIDERING SUCH SITUATIONS, THE FOLLOWING ARE FACTORS TO CONSIDER:**
    - The applicant's age at the time of the conduct;
    - The recency of the conduct;
    - The seriousness of the conduct;
    - Factors underlying the conduct;
    - The cumulative effect of the conduct;
    - Evidence of rehabilitation;
    - The applicant's positive social contribution since the conduct, if any.
    - The materiality of any omissions or misrepresentations;
    - The nature and extent of the applicant's voluntary treatment or rehabilitation;
    - The applicant's current attitude about the subject of their disclosure;
    - The applicant's subsequent constructive activities and accomplishments;
    - Evidence of character and moral fitness including the reasonably informed opinion of others regarding the applicant's present moral character; and
    - In light of the entire record of the applicant, whether admission of the applicant would adversely affect the confidence of the public in the profession, as an honorable, ethical and competent profession.
- **WHERE DISCLOSURE RELATES TO A CRIMINAL LAW MATTER OR OFFENCE, THE CDSS MAY ALSO APPLY THE FOLLOWING CRITERIA:**
    - The nature and character of any offences committed;
    - The number and duration of offences;
    - The age and maturity of the applicant when any offences were committed;

- The social and historical context in which any offences were committed;
- The sufficiency of the punishment given for any offences;
- The grant or denial of a pardon or discharge for any offences committed;
- The number of years that have elapsed since the last offence was committed, and the presence or absence of misconduct during that period; and
- The extent to which the applicant has made restitution and to which, if known, the restitution was made voluntarily at the initiative of the applicant, or as a consequence of the order of the Court.

Character is a nuanced concept that requires a unique assessment for each individual seeking admission to the profession. It can be a bar to entry in cases where the applicant has criminal convictions, has committed non-criminal breaches of law, or has merely demonstrated other unacceptable behavior.

The CDSS will consider the nature of any past misconduct, the circumstances which may mitigate it, what the applicant has done to address past conduct by way of reform or rehabilitation, and any other information about the applicant's current moral character. There is no requirement to initially show good character, as there is a presumption of good character in all applicants who have met the general academic, professional and other requirements. Applicants are asked to answer a series of questions in their application for admission and to sign a declaration. Beyond that, the burden is on the regulator to show evidence that past conduct by the applicant displays a lack of good character. Where the CDSS shows such evidence, the burden then shifts to the applicant to show that he or she is currently of good character, notwithstanding past conduct. The standard of proof in all cases is a balance of probabilities.

I, \_\_\_\_\_ have read and understood the above CDSS Good Character Standard.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Document based on The Stamp of Good Repute: Determining "Good Character" for Registration Purposes, Lai-King Hum, McMillan LLP, 2013)*





## Consent for Release of Information

Please complete this form and return it to:  
**College of Dental Surgeons of Saskatchewan**  
**201 1<sup>st</sup> Ave S**  
**1202 The Tower at Midtown**  
**Saskatoon, SK S7K 1J5**

**Email: [cdss@saskdentists.com](mailto:cdss@saskdentists.com)**

I, \_\_\_\_\_ have applied for licensure with The College of Dental Surgeons of Saskatchewan. I am hereby signing my permission to irrevocably authorize and direct the College of Dental Surgeons of Saskatchewan (CDSS) to provide, my name and clinic information to their public database.

It is understood and acknowledged by me that I have been advised by the College of Dental Surgeons of Saskatchewan that I may wish to obtain legal advice prior to executing this consent and that I have either done so or have had sufficient opportunity to do so prior to executing this Consent for Release of Information. I am signing this document of my own free will, voluntarily and without coercion, having read it and understood it fully.

**IN WITNESS WHEREOF** I have duly executed this release form this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Printed Name of Witness)

\_\_\_\_\_  
(Signature of Witness)

**PLEDGE OF CONFIDENTIALITY**  
**Under section 5 of *The Health Information Protection Regulations, 2023***

I, \_\_\_\_\_ understand that as an employee or agent of \_\_\_\_\_ (the “Employer”), I may have to access personal health information of an individual, whether a patient of the Employer or otherwise, that is private and confidential.

1. I understand that:

“personal health information” means, with respect to an individual, whether living or deceased:

- (i) information with respect to the physical or mental health of the individual;
- (ii) information with respect to any health service provided to the individual;
- (iii) information with respect to the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual;
- (iv) information that is collected:
  - (A) in the course of providing health services to the individual; or
  - (B) incidentally to the provision of health services to the individual; or
- (v) registration information;

2. I acknowledge that:

- (a) I have been made aware of the Employer’s policies and procedures respecting the protection of personal health information; and
- (b) I am bound by the Employer’s policies and procedures mentioned in clause 2(a); and
- (c) I am aware of the consequences of breaching those policies and procedures which include possible disciplinary action up to and including termination of my employment and which may also result in me being reported to my professional regulatory body (if applicable).

3. I agree to protect any and all personal health information that I have access to in the course of my employment or agency with the Employer in accordance with the Employer's established policies and procedures respecting the protection of personal health information.

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Witness to the Signature

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Signature of Employee or Agent

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Date