



Application for Registration and Licensure Specialist

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.

(8) Specialist Registrants

- (i) Subject to any other provisions in these bylaws, an applicant fulfilling the following criteria may be recorded on the annual register as a Specialist Registrant in a specialty recognized by the College. Specialist registrants must:
 - (ii) satisfy the general qualifications and criteria according to subsection 2(5); and
 - (iii) provide notarized evidence of successfully completing a minimum of a two year post graduate program in a specialty recognized by the College, and the program is from a school, faculty, or college accredited by the Commission on Dental Accreditation of Canada or the Commission on Dental Accreditation of the American Dental Association; or
 - (iv) provide notarized evidence of successfully completing a minimum of a two year post graduate program in a specialty recognized by the College and the program is from a school, faculty, or college not accredited by the Commission on Dental Accreditation of Canada or the Commission on Dental Accreditation of the American Dental Association, and that applicant has successfully completed the Dental Specialty Core Knowledge Examination and required gap training; and

- (v) produce a currently valid certificate of qualification from the National Dental Specialty Examination of at least one specialty recognized by the College; and
- (vi) have been approved by the Registrar for registration.
- (vii) Upon fulfilling the criteria according to subsection 2(6) and clause 2(8)(a), a Specialist Registrant shall be issued a restricted practicing licence in the Province of Saskatchewan entitled to practice dentistry solely within the specialties noted on their issued licence and according to clause 2(8)(c).
- (viii) For the purposes of these bylaws, the following definitions apply for each of the College recognized specialties:
- (ix) "endodontist": a certified specialist and only a certified specialist in the specialty of "endodontics";
- (x) "oral and maxillofacial surgeon": a certified specialist and only a certified specialist in the specialty of "oral and maxillofacial surgery";
- (xi) "orthodontist" or "dentofacial orthopedics specialist": a certified specialist and only a certified specialist in the specialty of "orthodontics" or "dentofacial orthopedics";
- (xii) "pediatric dentist" or "pedodontist": a certified specialist and only a certified specialist in the specialty of "pediatric dentistry";
- (xiii) "periodontist": a certified specialist and only a certified specialist in the specialty of "periodontics";
- (xiv) "prosthodontist": a certified specialist and only a certified specialist in the specialty of "prosthodontics";
- (xv) "oral radiologist": a certified specialist and only a certified specialist in the specialty of "oral radiology";
- (xvi) "dental public health specialist": a certified specialist and only a certified specialist in the specialty of "dental public health";
- (xvii) "oral medicine and pathology specialist": a certified specialist and only a certified specialist in the specialty of "oral medicine and oral pathology";
- (xviii) "dental anesthesia specialist": a certified specialist and only a certified specialist in the specialty of "dental anesthesia".

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 licence.

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 to cdss@saskdentists.com: (A) a recent head & shoulders (passport style) photo **and** (B) a notarized copy of certified government-issued photo identification.

9. Present Status: New Graduate Previously Licensed Dentist

10. Colleges/Universities Attended: Dates: Province and/or Country:

(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 from all jurisdictions where you have been residing in the past 12 months. ****ORIGINAL DOCUMENTS MUST BE SUBMITTED****

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. 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

16. 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

17. In the past, has any licence entitling you to practice dentistry been cancelled, suspended, or revoked in any jurisdiction? YES NO

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

19. In the past, have you been found guilty of negligence, malpractice, incompetence or any offence in a Superior Court in any jurisdiction? YES NO

20. In the past, have you had any bail conditions imposed upon you or been convicted of any criminal offence in any jurisdiction? YES NO

21. I acknowledge that I have recently read, understand, and agree to the terms of the CDSS Criminal Record Check Policy and Procedures: For Initial Application. YES NO

22. 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 NO

23. I authorize the CDSS to release information to other Canadian Dental Regulators as necessary in the event that an application discloses criminal history. YES NO

24. 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 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, the CDA Principles of Ethics, and the CDSS Regulatory Bylaws Section 4.3 - Standards of Professional Conduct? YES NO

28. 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

29. 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 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 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 NO

32. Have you recently read and understood the CDSS Continuing Competency and Quality Assurance Program? YES NO

33. Are you current with cardiopulmonary resuscitation life support training? YES NO

34. 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

35. I understand that I shall apply for active login capability with the Pharmaceutical Information Program (PIP), in order to prescribe, dispense, or administer monitored drugs? YES NO

36. Please indicate the level of sedation that you practice:
None Nitrous Only Minimal Moderate Oral Moderate IV Deep General Anesthesia

37. Have you recently read and understood the CDSS Sedation and General Anesthesia Standard? YES NO

38. I understand that I must apply for a CDSS Sedation Authorization in order to administer sedation. YES NO

39. Is there a Cone Beam Computed Tomography (CBCT) unit in the facility where you will practice? YES NO

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

41. Do you interpret dental CBCT images? YES NO

42. I understand that I must apply for a CDSS CBCT Interpreting Dentist Authorization, in order to interpret CBCT images. YES NO

43. Do you administer neuromodulators in your practice? YES NO

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

45. I understand that I must apply for a CDSS Neuromodulator Dentist Authorization, in order to administer facial esthetics therapies including neuromodulator drugs. YES NO

46. Have you recently read and understood the CDSS Informed Consent Process Standard? YES NO

47. Have you recently read and understood the CDSS Infection Prevention and Control Standard? YES NO

48. Have you recently read and understood the CDSS Advertising Standard? YES NO

49. Have you recently read and understood the Health Information Protection Act and Health Information Protection Regulations? YES NO

50. 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

51. Will you be a faculty member at the University of Saskatchewan or Saskatchewan Polytechnic? YES NO

52. Will you be employed by a government agency? YES NO

53. Will you practice in a long-term care facility? YES NO

54. Will you have privileges or access to practice in a hospital facility or surgical center for adults? YES NO

55. Will you have privileges or access to practice in a hospital facility or surgical center for children? YES NO

56. Will you have access to an operatory wheelchair lift in a private practice facility? YES NO

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

58. Will you be affiliated with more than one dental facility in Saskatchewan? YES NO

59. 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

60. I consent to allow the College of Dental Surgeons of Saskatchewan (CDSS) to share my email address with the Saskatchewan Dental Association (SDA). YES NO

61. I consent to allow the Canadian Dental Association (CDA) to send electronic communications to my email address. YES NO

62. 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

63. I understand that I shall be issued a restricted practicing licence in the Province of Saskatchewan entitled to practice dentistry solely within the specialties noted on their issued licence and according to clause 2(8)(c). YES NO

If you answered 'yes' to questions #15, 16, 17, 18, 19, 20, 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 licence 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 & Notarized Copy of Government ID	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certified/Notarized copy of Diploma(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certified/Notarized copy of NDEB & NDSE Certificates	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certificate(s) of Standing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Consent to Release Information	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Criminal Record Check with Vulnerable Sector Screening	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Good Character Declaration	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Confirmation of malpractice insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fee Paid	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Orientation Letter	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LM	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CG	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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 specialist licence with receipt
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.*

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 _____

Signature of Applicant

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

_____, Province of _____,
_____, this _____
day of _____, 20 _____.

SEAL

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

(Office Use Only)

This is to certify that _____ was granted a _____
licence on the _____ day of _____ 20 _____.

Signature of Registrar

SEAL