

Dentist Application Instructions

For Dentists

Category: Registration

Source: CDSBC

September 1, 2022

Territorial acknowledgement

The offices of BCCOHP are located on the traditional, ancestral and unceded territory of the Coast Salish and Lekwungen-speaking Peoples, represented today by the Musqueam, Squamish, Tsleil-Waututh, Songhees and Esquimalt Nations. Acknowledging the territories and the original stewards of these lands is a fundamental responsibility of our organization and in keeping with our commitment to support the provision of safe, effective, culturally sensitive oral health care for British Columbians.



DENTIST

APPLICATION INSTRUCTIONS



Important Application Information



This online application takes approximately 20-30 minutes and allows you to open a file and submit required information for your application for registration with CDSBC. Your application must be completed in one attempt.

Note:

- Notes in red boxes indicate important information.
- Fields with a red asterisk are mandatory fields.

1. CREATE ACCOUNT OR LOGIN

You will either need to create an account or login to your account. If you have forgotten your password, you will need to reset it.

Welcome to CDSBC Online Application

New Account

If you do not already have a CDSBC Web Account, click the button below to create a web account and begin the application process.

Create Account

Click *Create Account* if you have not been a registrant or created an account with CDSBC

Click *Sign In* if you already have an account

Applicant Login

Applicant

@ Email

Password

Forgotten password? [click here](#)

Sign In

Click this to reset your password

2. HOW TO CREATE AN ACCOUNT

If you have not been a registrant with CDSBC, you will need to create an account with CDSBC in order to access the online application.

Click **Create Account** and select what you are applying to become (Dentist or CDA).



Create a CDSBC Web Account

Are you applying to become a Dentist or Certified Dental Assistant in British Columbia?

-- Select Registration Type -- ▼

*

2. HOW TO CREATE AN ACCOUNT (con't)

Fill out the information. Once you have filled in all the required information, click **submit**.

Creating an account allows you to apply for registration/certification with CDSBC. Entering this information will save you time later when you complete your application. If you have any concerns please read our [Privacy Policy](#).

*denotes required fields

Please fill the form below to create a new CDSBC Web Account.

Name

First Name: *

Preferred Name:

Middle Name:

Last Name: *

Record your current legal name. If you have a different name you go by, enter it as your preferred name. If your current legal name is different from the one in your degree/diploma and/or NDEB certificate, you must provide a copy of legal documents certifying your name change (i.e. marriage certificate, vital statistic name change document, birth certificate).

If the name above differs from the one on your degree, you must provide a certificate, legal name change decree.

Demographics

Gender: *

Date of Birth: *

Home Address

Street Address: *

City: *

Country: *

Prov/State: *

Postal Code: *

Home Phone: *

Cell Phone:

Email: *

Mandatory as most of our communication is sent via email. Your login information will also be sent via email once your account has been created.

Submit

2. HOW TO CREATE AN ACCOUNT (con't)



Once you have submitted your information, an automated email with your login information will be sent to you.



Your account has been created. Please check your email for your login information.

Login



3. LOGIN: SELECT REGISTRATION TYPE

Once you have selected the registration type, a list of requirements for registration will appear. If you meet these requirements, select **I have met all of the above requirements** and click **next**.

Online Registration

Select the type of registration you are applying for and review the specific registration requirements that you must meet before registering.

Registration Type

- General Dentist (Form 4)

Requirements

- A degree or equivalent qualification from a listed (accredited) general dentistry program or equivalent general dentistry program.
- A National Dental Examining Board (NDEB) certificate.

I meet all of the above requirements

4. PRACTICE ADDRESS

The *Health Professions Act* requires that all registrants provide a business address and phone number. If you do not have practice contact information, you must include a phone number and email address that will be published in the Registrant Lookup.

Note: It is important that you update the College with changes to your contact information.

Practice Address

The *Health Professions Act* requires that all registrants provide a business address and phone number. If you do not have practice contact information, you must include a phone number and email address that will be published in the Registrant Lookup.

I do not currently have a practice address

If you do not yet have a practice address, click this and enter a contact phone number and email address to be published in the Registrant Lookup.

Address Line 1: *

Address Line 2:

Address Line 3:

City: *

Country: *

Province/State: *

Postal Code: *

Phone: *

Business Email:

I wish to receive mail from CDSBC *

- At my practice address
- At my home address

5. GENERAL QUESTIONS

Enter the following information noting the required fields.

Identification

A **notarized** copy of government issued ID is required and **must be mailed to CDSBC**. Please select which you will be providing (Driver's license is preferred for purpose of Criminal Record Check)

ID Type:	<input type="text" value="Driver's license"/>	*
ID Number:	<input type="text"/>	*
Issued by:	<input type="text"/>	*

Submit a photocopy of your government issued photo identification which displays your name, date of birth, signature and photo (i.e. Driver's license or passport) which must be notarized along with the Statutory Declaration document.

Place of Birth

Country:	<input type="text" value="Canada"/>	*
Province/State:	<input type="text" value="British Columbia"/>	*
City:	<input type="text"/>	*

Additional Languages

Do you speak any additional languages? If yes, please select the language(s) from the following list and click the Add button.

As a courtesy to the public, this information will be provided within your listing on the online public directory of dentists.

<input type="text" value="-- Select Language --"/>
--

If you speak any other languages other than English, you may add it here.

Add

5. GENERAL QUESTIONS (con't)

Privacy and Security

CDSBC must collect and manage certain personal information to fulfill its regulatory purpose as set out in the *Health Professions Act*. Additionally, CDSBC is designated as a public body under the *Freedom of Information and Protection of Privacy Act (FOIPPA)*. CDSBC collects and manages information in accordance with HPA, FOIPPA, and other applicable laws.

Some of the information CDSBC collects must be publicly accessible pursuant to the HPA. You may also wish for CDSBC to provide your contact information to other professional organizations for the purposes stated. Please provide your instructions below.

- **Level 1 (required by law)**
 - Only public contact information (practice address, practice telephone number and practice email) may be released to third parties.
 - Public contact information plus school, year of graduation and registration year will be released and included in the Directory of Dentists.
 - Personal information is for internal use, for the Provider Registry and any other statutory information required by the Government of B.C.
- **Level 2**
 - Includes **Level 1 plus** personal contact information, which may be released to the BC Dental Association (BCDA) and the Canadian Dental Association (CDA).
 - BCDA provides services such as the Fee Guide, member newsletters, information on the Pacific Dental Conference and the Dental Profession Advisory Program (DPAP).
- **Level 3**
 - Includes **Levels 1 & 2 plus** personal contact information, which may be released to third parties for professional purposes only.
 - Professional purposes may include CE opportunities, dental conferences, and information from component societies or about individual CDSBC election campaigns.
 - This does not include commercial enterprises providing products or services.

Prior Registration with CDSBC

Have you previously been registered with this College in any capacity? *

- Yes
- No

If you select yes, you will be required to provide your registration number.

6. EDUCATION & NDEB

If your degree is in another language other than English, French, or Latin, you must provide a certified translation as well.

Successful completion of the NDEB examination is required in order to register with CDSBC.

Note: You will be able to upload a copy of your degree and NDEB certificate or confirmation email from NDEB at the end of the application process.

Dental Education

Please list all dental degrees that you hold. A copy of your degrees will be required to be submitted to CDSBC for each degree listed. You will be able to upload these documents at the end of this application.

If your degree is in another language other than English, French or Latin you must provide a certified translation as well.

Institution:	Graduation Date:	Degree R
<input type="text" value="---Select---"/>	<input type="text" value="* --Month--"/> <input type="text" value="--Day--"/> <input type="text" value="Year"/> <input type="text" value="*"/>	<input type="text" value="---Select---"/>
<input type="text" value="---Select---"/>	<input type="text" value="--Month--"/> <input type="text" value="--Day--"/> <input type="text" value="Year"/>	<input type="text" value="---Select---"/>
<input type="text" value="---Select---"/>	<input type="text" value="--Month--"/> <input type="text" value="--Day--"/> <input type="text" value="Year"/>	<input type="text" value="---Select---"/>

6. EDUCATION & NDEB (con't)

If you have already received your NDEB certificate:

National Dental Examining Board of Canada Certificate

Do you have a National Dental Examining Board of Canada certificate? *

- Yes
- No

Certificate number: *

Date Received: *

Enter the certificate number and upload a copy of your certificate or confirmation letter once you have completed the online application.

Note: A copy of your NDEB certificate is required for your application. You will be able to upload this document at the end of this application.

National Dental Examining Board of Canada Certificate

Do you have a National Dental Examining Board of Canada certificate? *

- Yes
- No

Have you successfully completed the NDEB? *

- Yes
- No

Once you do receive the certificate, a copy of it must be sent to CDSBC for your record.

7. CRIMINAL RECORD CHECK



The CRC is a mandatory process required by law of registrants of professional regulatory bodies. The *Criminal Records Review Act* ensure that people who work with or may have potential for unsupervised access to children or vulnerable adults undergo a CRC by the Criminal Records Review Program (CRRP). Dentists, dental therapists, and CDAs who fail to comply with the criminal record check will not be eligible to register.



CDSBC will automatically submit CRC applications to the Ministry of Public Safety and Solicitor General on behalf of all applicants once your notarized photo ID is received and all names have been included in your application. If you are required to complete the Vulnerable Sector check, you will be notified by letter from the Ministry of Public Safety and Solicitor General and it is your responsibility to comply with this requirement as soon as possible to reduce the delay of proceeding with your application.



Note: To ensure that your CRC is completed in a timely manner, you will need to include **all** names used whether it is legal or not (e.g. maiden name, birth name, previous married name, preferred name). In addition to this, a notarized copy of your photo ID must be submitted to CDSBC to proceed with your CRC.

7. CRIMINAL RECORD CHECK (con't)

CDSBC will be automatically submitting CRC applications to the Ministry of Public Safety and Solicitor General on behalf of registrants. In order to ensure we have the appropriate information needed for the CRC, please provide any other names used or have used (e.g. maiden name, birth name, previous married name, preferred name).

Criminal Record Check

Legal Name:	Evelyn	Middle Name	Chen
Alias 1:	First Name	Middle Name	Last Name
Alias 2:	First Name	Middle Name	Last Name
Alias 3:	Evo	Middle Name	Chen

Your legal name will be shown (as you have entered it when you created your account).

Record any former or other names you have used or are currently using.

Driver's license#: *

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act.

I hereby authorize the release of the Deputy Registrar any documents in the custody of the police, the court or crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act.

Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify such criminal record.

The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar.

The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children and/or physical, sexual or financial abuse to vulnerable adults and applicable.

The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.

If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the Criminal Record Review authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely matter, with a new signed Consent to a Criminal Record Review form.

Make sure this is checked off to proceed.

I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms.

8. OTHER JURISDICTIONS

If you have been or are currently registered/licensed in another jurisdiction or health profession (anywhere other than B.C.), you must record the jurisdiction/organization, location and time period.

Note: You must request original Certificate/Letter of Standing from the relevant jurisdiction to be sent directly from that regulatory/licensing jurisdiction to CDSBC in a sealed envelope. If the Certificate/Letter cannot be sent directly to CDSBC they must be received by CDSBC in the original sealed envelope. The Certificate/Letter are valid for up to 30 days from the date that it was signed. If applicant does not have their registration/certification process completed within the 30 days, a new Certificate/Letter may be required.

Other Jurisdictions

Have you been or are you registered/licensed elsewhere as a dental healthcare provider? *

- Yes
- No

Jurisdiction: *

Start Date: *

End Date:

Note: Original letters or certificates of standing from all licensing jurisdictions where you have been or are licensed/registered/certified as a dental healthcare provider, dated within 30 days of this application must be sent to CDSBC directly from that regulatory/licensing organization.

Have you ever applied for registration/licensure as a dental healthcare provider in another jurisdiction and been denied? *

- Yes
- No

9. LIABILITY INSURANCE AND QUESTIONS

Coverage of a minimum of \$3,000,000 is required in order to practice in British Columbia. You must make application for the malpractice insurance to CDSPI prior to obtaining registration.

If you have already applied for professional liability insurance or already have liability insurance in another jurisdiction:

Professional Liability Insurance

Have you applied for professional liability insurance? *

- Yes
- No

Indicate your insurance provider. Coverage of at least \$3,000,000 is mandatory.

Insurance provider: *

You will need to provide a copy of your professional liability insurance if you already have it in another Canadian jurisdiction.

Note: If you already have liability insurance in another Canadian jurisdiction please confirm that the insurance extends to BC. You will need to provide a copy of your policy if so.

9. LIABILITY INSURANCE (con't)

If you do not have professional liability insurance, you can apply with CDSPI [here](#).

Professional Liability Insurance

Have you applied for professional liability insurance? *

- Yes
- No

You can apply with CDSPI here: http://www.cdspi.com/CDSPI_Public/assets/pdf_eng/app_malp.pdf

Note: We require proof of insurance prior to processing your registration.

10. APPLICATION QUESTIONS



You will be required to answer a number of questions regarding your past conduct and character. Please ensure you answer these honestly.



If you answer “yes” to any of the questions, there will be a space provided to write an explanation.



11. CONTINUOUS PRACTICE & CONTINUING EDUCATION

Must be completed if your NDEB completion was more than three years ago.

Continuous Practice

Please provide details of continuous practice (defined at least 900 hours over the preceding three years). Acceptable continuous practice activities include the provision of clinical dental treatment and/or consultation, employment as a dental educator or researcher, or full-time enrollment in a dental education program.

Year	Practice Location	# of hours
2014	<input type="text"/>	<input type="text"/>
2015	<input type="text"/>	<input type="text"/>
2016	<input type="text"/>	<input type="text"/>

Continuing Education (CE)

Please provide a summary of continuing education credits received over the preceding three years and attach a copy of your continuing education transcript from your licensing/regulatory authority.

Year	# of credit hours obtained/Year
2014	<input type="text"/>
2015	<input type="text"/>
2016	<input type="text"/>

12. STATUTORY DECLARATION

Print and complete the Statutory Declaration.

Note: You will be given an application ID number at the completion of your online application. Please record this number as you will be required to reference the number in the Statutory Declaration (first point on page 2 of Declaration).

Statutory Declaration

The Statutory Declaration must be completed and notarized by a Notary Public or other commissioner for oaths. This original document must then be submitted to CDSBC in order to complete your application.

Within the document you will be attesting to have read CDSBC's

- Code of Ethics; and
- Standards of Practice

Please be sure that you read and understand these documents (the links to the documents are above).

Please complete and have notarized the following:

- [Statutory Declaration \(Form 2\)](#) Please download this document.
- A copy of your government issued photo ID.

Download this document (3 pages total), complete and notarize it along with a photocopy of your government issued photo ID.

part of your application

signature and photo i.e. Driver's license).

13. PAYMENT



Required fees are broken into two separate payments.

You will pay the **application fee** and the **CRC fee** once you have completed the application forms.



Note: The application and Criminal Record Check (CRC) fees are non-refundable.
Applications will not be finalized until all payments are received.



CDSBC staff will review your application and once all required documents are collected, an email will be sent to you to indicate that you can log into your online account to pay the **registration fee**.

Once the payment has been processed you will be sent an email **within two business days** confirming that your status has been changed from “applicant” to General Dentist. **You must wait for receipt of this email before you can begin to practise.**



13. PAYMENT (con't)

Payment

i Your registration form has been submitted. Payment of the following fees are required at this time.

2019 - Criminal Record Check Fee - Initial (non-refundable)

2019 - Dentist Application Fee (non-refundable)

Total

Fees are subject
to change each
fiscal year

\$28.00

\$3,013.00

\$3,041.00

Payment Options

Select your method of payment and click Next.

 **VISA** Credit Card (Online) - VISA, Mastercard accepted

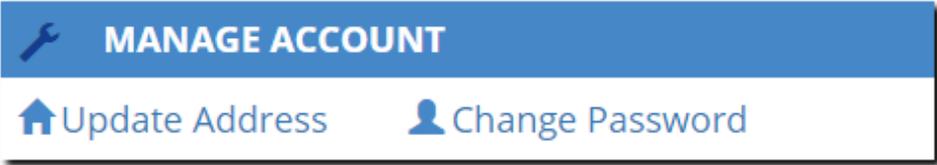
 Interac (Online) - RBC Royal Bank, TD Canada, First Nations Bank of Canada, and most BC Credit Unions ONLY

 **CHEQUE** / Cheque/Money Order (Mail or in person)

 **Cash** (In person - please bring exact amount as change cannot be given)

14. APPLICATION STATUS

You are required to upload certain documents (dental degree, NDEB certificate, name change documents, etc.). You will be able to upload electronic copies of your documents after you have submitted your payment of the application and criminal record check fees. Once you arrive at the payment receipt web page, you can click on **View Application Status** to view the status of your application and see which documents are still outstanding for your application.



A blue menu bar with a wrench icon on the left. The text "MANAGE ACCOUNT" is centered in white. Below the bar, two options are listed: "Update Address" with a house icon and "Change Password" with a person icon.



A blue menu bar with a pencil icon on the left. The text "REGISTRATION" is centered in white.

 [Application Status](#) ← **Click here to upload documents for your application.**

-  Renew Online
-  Manage Corporations
-  View/Print Registration Card
-  View/Print Tax Receipt



15. UPLOAD DOCUMENTS

Upload documents and check which requirements have been met and which ones are still outstanding.

Note: Once the payment has been processed you will be sent an email within two business days confirming that your status has been changed from “applicant” to General Dentist.

You must wait for receipt of this email before you can begin to practise.

Requirements

The following items must be submitted/complete before your application can be processed.

Please note that you are not registered/certified until you receive notice from CDSBC stating that you are.

- Submit application form and application fees
- Criminal Record Check
- Malpractice Insurance
- NDEB Certificate
- Education
- Pay registration/certification fee

Once we receive all requirements of the application (all requirements will have a green check mark next to it), an email will be sent to you to indicate that you can log into your online account to pay the registration fee.

Documentation Upload

Please upload the required documents below. Note that you can log in as a later time to upload documents.

Education Degree/Diploma	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
NDEB Certificate	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
Name Change (if required)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
Proof of Insurance	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
Other	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
Other	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
Other	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>

Upload your degree/diploma, NDEB certificate or confirmation letter, name change document (if applicable), proof of insurance, and other required documents here and ensure that the documents are legible. You will be able to preview your uploaded document.