

## DENTURIST 2024/25 ANNUAL REGISTRATION RENEWAL INSTRUCTIONS

The completed forms and fees are due on or before March 31, 2024.

2024/25 Annual Registration Category	Fee
Full Denturist Registrant, Limited (Grandparented)	<b>\$1,600</b>
Non-practising	<b>\$229</b>
Resigned	<b>\$0</b>

### The annual renewal fee may be paid:

- By attaching a cheque or money order – payable to BC College of Oral Health Professionals

**Please note that we will not be accepting payments in cash or any payments delivered in person to the BCCOHP office as our office remains closed and staff are working remotely.**

### Renewal Checklist

- Have you answered all the questions on the renewal form?
- Have you signed the renewal form?
- Have you confirmed that all Quality Assurance requirements have been met?
- Have you attached your payment?
- Have you signed and attached your renewal declaration?

### Unrenewed Registration

2024/25 registration will be changed to unrenewed *immediately* if any of the following occur:

- Renewal form and/or payment are received after March 31, 2024.
- Cheque is returned for insufficient funds (NSF) by financial institution.
- Continuing education requirements have not been met.
- Quality assurance requirements have not been met.

**Denturists are not permitted to perform the services of a denturist if their registration is unrenewed. If it is determined you have practised with an unrenewed registration a formal complaint may be brought forward to the complaints department.**

### Reinstatement of Lapsed Registration

If you are reinstating on or after March 31, 2024, there will be an additional fee along with your registration fee. Please contact registration at registration@oralhealthbc.ca.

### Change of Registration Category

Contact BCCOHP at registration@oralhealthbc.ca or 672.202.0448 for assistance.

- If you have been practising as a regulated denturist in another jurisdiction while holding Non-Practising Registration in BC, a Letter of Standing from that licensing/regulatory authority is required for you to transfer, in addition to meeting all BCCOHP Registration and Quality Assurance requirements.

### To submit your annual renewal and payment:

#### Mail to

BC College of Oral Health Professionals  
110 - 1765 8th Ave W  
Vancouver, BC V6J 5C6

## APPLICATION FOR DENTURIST 2024/25 ANNUAL REGISTRATION RENEWAL

Name (please print) \_\_\_\_\_ Registration Number \_\_\_\_\_

### Registration Category or Change of Status Notice – select ONE only

- Full Denturist Registrant,  
Limited (Grandparented)       Non-practising       Resigned

#### If resigning

- I wish to resign my registration with BCCOHP and I declare that I will not practise as a denturist in BC effective April 1, 2024.

Initial here \_\_\_\_\_

#### If holding or changing to non-practising registration

- As a non-practising denturist, I declare that I will not perform the services of a denturist without first converting my registration to practising status.

Initial here \_\_\_\_\_

### Professional Liability Insurance

**You MUST complete this section UNLESS you are applying for renewal as a non-practising registrant.**

I provide proof of professional liability insurance coverage in the amount of at least \$2,000,000 by

- confirming that I am a current member of the Denturist Association of BC, OR  
 attaching a copy of a policy document confirming the existence and amount of the coverage

### Quality Assurance Requirement

I confirm:

- I have been an active registrant and have engaged in 675 hours of denturism practice during the last 3 years, OR  
 I have not been an active registrant for the last 3 years

**As part of the processing of your application, you may be asked for documentary proof of the completion of these quality assurance program requirements.**

## Home

**You must provide a valid home address and contact information, including an email address.**

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Main Email (for confidential information from BCCOHP) \_\_\_\_\_

**Practice** (use separate sheet for additional addresses)

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 on the Public Register.

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

## Privacy and Security

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

Some of the information BCCOHP collects must be publicly accessible pursuant to the *HPA*.

## Other Jurisdictions

Are you currently registered as a healthcare provider in another jurisdiction?  Yes  No

If yes, where? \_\_\_\_\_

In any of these other jurisdictions, have there been any proceedings against you in the past resulting in a finding against you which has not already been reported in writing to BCCOHP?  Yes  No

If yes, please provide details:

In any of these other jurisdictions, are there any current proceedings (investigations/hearings) against you that have not already been reported in writing to BCCOHP?  Yes  No

If yes, please provide details:

### Criminal Offense

Important: If you are charged or convicted of a criminal offense at any time after completing this annual renewal, by law you must report either a criminal charge or conviction to BCCOHP immediately.

Have you been charged or convicted of a criminal offense that you have not already reported in writing to BCCOHP? If yes, please explain in this space provided below. (Note: this does not mean your renewal will not be processed.)  Yes  No

If yes, please provide details:

### Standards and Guidelines

I have read and understood BCCOHP's *Standards and Guidance documents*, including the *Code of Ethics*, which facilitate the delivery of competent and patient-centred care. I understand that I am responsible for applying these standards and guidelines in my practice.  Yes  No

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I confirm that I have personally completed this renewal form in its entirety and that all information provided is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** – M/D/Y \_\_\_\_\_

Your registration cannot be renewed without your signature and/or date.