Mailing Address
110 - 1765 8th Ave W
Vancouver, BC V6J 5C6

Phone: 672.202.0448
Toll free: 1.888.202.0448
registration@oralhealthbc.ca
www.oralhealthbc.ca

BCCOHP | British Columbia College of Oral Health Professionals

CERTIFIED DENTAL ASSISTANT REQUEST FOR EXTENSION

Certification Class – Select one only

☐ Limited Certification ☐ Temporary Certification

Surname _____

First _____ **Middle** _____

Preferred Name _____

Date of birth – M/D/Y _____ **BCCOHP Certification Number** _____

Home

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

Address _____ Phone _____

City _____ Cell _____

Province _____ Postal Code _____

Main Email (for confidential/personal information from BCCOHP) _____

Practice – Submit any additional practice address(es) on a separate sheet

Address _____ Phone _____

City _____ Province _____

Postal Code _____ Email _____

Period for extension requested (please indicate)

☐ 1 month – C$13 ☐ 2 months – C$26 ☐ 3 months – C$39 ☐ 4 months – C$52

Certification required for the calendar month(s) of: _____

Reason for extension request

Signature of Applicant _____ **Date** – M/D/Y _____

MAKE SURE YOU HAVE SIGNED THIS FORM.

Certification Extension Fees

1 month certification _____ C$13

2 months certification _____ C$26

3 months certification _____ C$39

4 months certification _____ C$52

Please indicate how you would like to pay by checking off the appropriate box below:

☐ By Credit Card – Once your application has been received and reviewed, you will receive an email notification to pay the extension fee.

☐ By Cheque or Money Order – enclosed with application.

Please submit, by mail or courier, all completed forms, documents and fees (if not paying online) to:

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

NOTE: Please ensure you submit all required information. Incomplete information will delay the processing of your application. Incomplete applications may be returned.

PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.