

APPLICATION INSTRUCTIONS FOR LICENSED DENTAL ASSISTANT REINSTATEMENT OF LICENCE

This package is for former Licensed Dental Assistant licensees who did not renew at annual renewal and it has been more than 60 days and wish to reinstate their licence with BCCOHP.

Note: If your certification was not renewed at annual renewal and it has been less than 60 days, please reinstate using the online reinstatement process at www.oralhealthbc.ca.

Note: If it has been more than three years since you became a former licensee, you may have additional requirements to complete. BCCOHP staff will reach out to you if additional requirements are needed and provide instructions.

Contents

- Application for Licensed Dental Assistant Reinstatement of Licence
- Statutory Declaration Form
- Criminal Record Check Authorization
- Photo ID Notarization Form
- Commissioner for Oaths Information Sheet

Checklist

- Have you answered all questions on the application forms?
- Have you attached a passport-sized head and shoulder photograph to your application?
Note: Photo must be attached to application prior to notarization.
- Have you enclosed a copy of name change documents if your name has changed?
- Have you signed and dated your application form?
- Have you completed and enclosed the Criminal Record Check (CRC) Authorization form? BCCOHP will forward the CRC Authorization to the Ministry of Public Safety and Solicitor General on your behalf.

- Have you had the following **notarized** by a Commissioner for Oaths who has applied a stamp or seal?
 - Your **photo** on page 1 and bottom of page 4 of the application.
 - The Statutory Declaration.
 - A Photo Identification Notarization form, along with photocopy of **two** pieces of photo ID (one primary and one secondary, or two primary).
- If certified/licensed or previously certified/licensed in another jurisdiction, you will be required to request a Certificate or Letter of Standing from that licensing or regulatory authority.

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

Fees (non-refundable)

Application Fee _____ C\$25

Reinstatement Fee _____ C\$167

Consent for a Criminal Record Check ____ C\$28

Licence Fee _____ C\$166

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 application, reinstatement and Criminal Record Check fees online.
- 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

PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.

APPLICATION FOR LICENSED DENTAL ASSISTANT REINSTATEMENT OF LICENCE

Surname _____

Previous Surname (if applicable) _____

First _____

Middle _____

Preferred Name _____

Your name on the application must be the same as your current legal name. If the name you are applying with is different than the one on any of your supporting documents, you must provide a copy of legal documents certifying the name change (ie. marriage certificate, legal name change decree).

Date of birth – M/D/Y _____ Gender female male

BCCOHP Certification Number _____

Place of birth – City/Province/Country _____

The BCCOHP Bylaws require a valid email address, individual to the applicant, for the purpose of receiving communications from the college to the applicant, and without limitation, all other personal contact, business contact or emergency contact information for the applicant that the BCCOHP reasonably requires in the circumstances.

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 information from BCCOHP) _____

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

Address _____ Phone _____

City _____ Province _____

Postal Code _____ Email _____

Attach a passport sized
photo taken within the
past 12 months

**Photo must be
attached prior to
notarization**

Notary Stamp/
Seal here

**(must overlap
photo)**

Privacy and Security

BCCOHP must collect and manage certain personal information to fulfill its regulatory purpose as set out in the *Health Professions and Occupations Act* (the "HPOA"). 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 HPOA, FOIPPA, and other applicable laws.

Have you ever been or are you licensed/registered/certified elsewhere as a healthcare provider or any other regulated profession? Yes No If yes, complete the following:

Jurisdiction	Address	Time Period From M/D/Y – M/D/Y

IMPORTANT: If you are or have ever been certified/licensed in another province or country, you will be required to contact that provincial or national regulatory body to request a Certificate or Letter of Standing for your BCCOHP application. The Certificate or Letter of Standing must be delivered directly to BCCOHP from the licensing/regulating body in a sealed envelope.

The Certificate or Letter of Standing is valid for up to 60 days from the date that it was issued. If an applicant does not have their licensing process completed within 60 days from the date of issue, a new Certificate or Letter of Standing will be required.

Application Questions

All of the following questions **must** be answered. A written explanation must be given for all affirmative answers (use a separate sheet if necessary). Information provided is **confidential** to BCCOHP.

If you are unclear or unsure about how to respond to any of these questions, please contact staff for clarification.

Do you have a medical condition that could affect your ability to safely practise dentistry? (Examples: mental or physical ailment, psychiatric disorder, addiction, blood borne pathogens)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for any type of misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently charged with a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been the subject of complaints in relation to your practice of dentistry or any other profession with the registration/licensing authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any regulatory action been taken against you as a result of any complaint, investigation or disciplinary proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At the present time, are there any investigations, reviews or proceedings taking place in any jurisdiction concerning your practice of dentistry or any other profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been found guilty of professional misconduct or incompetence in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your licence or certification as a dental healthcare provider or any other profession ever been suspended, revoked or restricted in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever voluntarily surrendered your licence/registration as a professional in another jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied registration/licensure by any health profession regulator in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever practised as a Certified Dental Assistant or other professional without a license/registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Authorization and Oath

- I am applying to reinstate my licence as a licensed dental assistant with the BC College of Oral Health Professionals (“BCCOHP”) pursuant to the Bylaws made under the *Health Professions and Occupations Act* (the “HPOA”). In consideration of BCCOHP’s processing of my application, by my signature below, I authorize BCCOHP to make reasonable and lawful enquiries about me, including enquiries seeking confidential or personal information (in documentary form or otherwise) from any regulatory authority, hospital, educational program, institution or law enforcement agency (collectively, the “Licensure-Related Information”), and to then consider and use the Licensure-Related Information, all for the purpose of determining my fitness for licence as a licensed dental assistant in British Columbia.
- I have read and understood BCCOHP’s *standards*, which facilitate the delivery of competent and ethical patient-centred care. I understand that I am responsible for applying these in my practice.
- I acknowledge and understand I must be fit to practice a designated health profession in that I have both the competence and capacity to practise the designated health profession: **competent** in that I have the requisite knowledge, skills, ability and judgement to practise the designated health profession ethically, safely and in accordance with all applicable ethics standards and practice standards; and **capacity** in that my competence to practise is not unduly impaired by a health condition. A health condition includes a physical, cognitive or mental health condition or ailment or an emotional disturbance.
- I recognize that those who, in good faith, furnish Licensure-Related Information to BCCOHP in connection with my application for reinstatement have reasonable expectations that such Licensure-Related Information will be kept confidential.
- I further understand that BCCOHP may take disciplinary action against me, including action to revoke my licence, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for reinstatement.

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

Attestation Statement

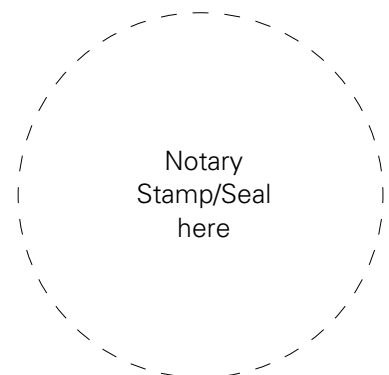
I, _____ (name of applicant), declare that the answers given to the questions in this application and the information I supplied on this application, are true, complete, and accurate in every respect, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if it were made under oath and by virtue of the *Canada Evidence Act*.

Signature of Applicant _____

DECLARED before me at the city of _____, in (country) _____,
this _____ day of _____, 20__.

A Commissioner for Oaths or Notary Public

Must include a stamp or seal of Commissioner for Oaths or Notary Public on page 1 of the application (where indicated), on this page and on the Statutory Declaration Form.



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



STATUTORY DECLARATION

Further to my application to the British Columbia College of Oral Health Professionals for reinstatement of a dental assistant licence, I (name of applicant) _____
solemnly declare the following:

1. I understand that I must remain at all times in compliance with the *Health Professions and Occupations Act*, the regulations under the *Health Professions and Occupations Act*, the BCCOHP bylaws, including the ethics standards and practice standards established by the board of the BCCOHP.
2. I am a person of good character, meeting the ethical qualities expected of a licensed dental assistant of the BCCOHP, including integrity and commitment to caring for others.
3. I do not know of any reason, condition or circumstance why I should not be granted reinstatement of my licence with the BCCOHP.
4. I will promptly notify the BCCOHP of any complaint, investigation, review or disciplinary proceeding that may affect my authority to provide the services of a licensed dental assistant or to practise a regulated profession in British Columbia or any other jurisdiction and will provide any relevant information requested by the BCCOHP.
5. All information provided in my application for reinstatement of my licence is true and complete.
6. I understand that the submission of false or incomplete information in support of an application for reinstatement of a licence constitutes professional misconduct and may result in cancellation of the licence.

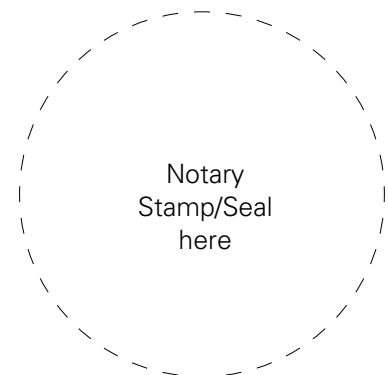
I make this solemn declaration, conscientiously believing all the above statements to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant _____

DECLARED before me at the city of _____, in (country) _____,
this _____ day of _____, 20____.

A Commissioner for Oaths or Notary Public _____

(Must include a stamp or seal of Commissioner for Oaths or Notary Public)



BCCOHP will automatically submit CRC applications to the Ministry of Public Safety and Solicitor General on behalf of oral health professionals whose CRC is due to expire. In order to ensure we have the appropriate information needed for the CRC, please provide the following information which may be missing from your current file with the BCCOHP.

CRIMINAL RECORD CHECK AUTHORIZATION

Applicant Name

Surname First name Middle name

Other names used or have used (e.g. maiden name, birth name, previous married name, preferred name)

Surname First name Middle name

Surname First name Middle name

Surname First name Middle name

B.C. Driver's Licence # (if applicable) _____

Consent for Release of Information and Acknowledgements

- I hereby consent to a criminal record check pursuant to the *Criminal Records Review Act (CRRRA)* to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) as defined under that Act (CRRRA check). I hereby consent to a check of available law enforcement systems as further described below, including any local police records.
- I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the Royal Canadian Mounted Police (RCMP) website: <http://www.rcmp-grc.gc.ca/en/types-criminal-background-checks>. I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity. In addition, where the results of a 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 any such criminal record.
- My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar of the Criminal Records Review Program (CRRP) for review.
- The Deputy Registrar of the CRRP will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I agree to report the charge(s) or conviction(s) to my organization, in a timely manner, with a new criminal record check authorization.

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.

For the purpose of completing my *CRRA* check as described above, I authorize the collection and/or consent to the disclosure of my personal information within Canada, as follows:

- Pursuant to the *Freedom of Information and Protection of Privacy Act (FoIPPA)*, I hereby consent to the disclosure by the Ministry of Public Safety and Solicitor General to the Deputy Registrar of the CRRP of my name(s), alias(es), Correctional Service Number (CS#), history of contact with BC Corrections, and my date of birth as found on the BC Corrections' client management software, CORNET.
- Pursuant to *FoIPPA*, I hereby consent to the disclosure by the Deputy Registrar of the CRRP to the Criminal Records Review Unit of the RCMP (CRRU) of my name(s), alias(es), CS#, date of birth, gender, driver's license/BCID#, and history of contact with BC Corrections. I also authorize the collection, by the CRRU and other federal government institutions under the *Privacy Act*, of the same information and of any and all personal information relating to this *CRRA* check in support of my application, for the purpose of conducting a check of criminal investigations, charges, convictions and information in police databases, including incidents that did not result in conviction. For the same purpose, I also authorize the provision to the CRRU of my personal information by all queried federal, provincial and municipal Law Enforcement Agencies in Canada as well as other authorized public bodies under *FoIPPA*.
- Pursuant to *FoIPPA*, the *Privacy Act*, and any other relevant applicable provincial and federal legislation, I hereby consent to the disclosure to the Deputy Registrar of the CRRP by the CRRU, the BC Municipal Law Enforcement Agencies as well as other authorized public body agencies of any personal information relating to my *CRRA* check. This personal information may include:
 - (a) Criminal record check or fingerprint-based criminal record verification by searching the Canadian Police Information Centre database;
 - (b) A police information check, including the Police Records Information Management Environment (PRIME-BC) and the Police Reporting and Occurrence System (PROS).
- I acknowledge that in certain instances, although no identified occurrence(s) resulted in a charge or conviction, the CRRU may assess that I pose a public safety risk and advise Security Programs Division that it will terminate its check of law enforcement systems accordingly, with the result that my *CRRA* check may not be concluded.
- In addition to the foregoing, and as may be required for the Deputy Registrar of the CRRP to make a determination pursuant to s. 4 (2) and 4 (3) *CRRA*, I further authorize the release to the Deputy Registrar of the CRRP of any documents in the custody of the police, the courts, corrections and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the *CRRA* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar of the CRRP.

I have read and understand the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below. This consent is valid from the date signed.

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

CRRP Collection Notice

The Security Programs Division (SPD) will collect your personal information for the purpose of fulfilling the criminal record check requirements of the *Criminal Records Review Act* and in accordance with section 26(c) and 27(1)(a)(i) and (b) of the *Freedom of Information and Protection of Privacy Act (FoIPPA)*. Additionally, SPD may collect personal information under section 26(e) and 27(1)(a)(i) and (b) of *FoIPPA* for the purpose of evaluating the Criminal Records Review Program and activities to better serve you. Should you have any questions about the collection, use, or disclosure of your personal information, please contact the Policy Analyst of the Criminal Records Review Program, Security Programs Division via mail to PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1; email to criminalrecords@gov.bc.ca; or by telephone at 1- 855-587-0185 (option 2).

PHOTO IDENTIFICATION NOTARIZATION FORM

Name of Applicant _____

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

Instructions for Notary Public

- Complete information required in 'Certification of Notary Public' box below.
- Attach a photocopy of two pieces of photo ID (one primary and one secondary, or two primary).
- Notary stamp and/or seal must be directly on photocopy attached to this form. The same stamp and/or seal should be affixed in the box below.

Certification of Notary Public

I, (name of Notary Public) _____ certify that the copy of ID attached to this page is the likeness of the applicant as named above.

DECLARED before me at the city of _____, in the province of _____, this _____ day of _____, 20 ____.

Signature and Stamp of Notary _____

Seal or stamp required on notary signature and on attached photocopy of ID Signature alone is not sufficient.

Notary Stamp/
Seal here

Examples of accepted Primary ID

- B.C. driver's licence or learner's licence
- Valid passport
- Photo BC Services Card
- BC Identity Card (BCID)
- Secure Certificate of Indian Status
- Citizenship card
- Permanent resident card
- Record of Landing / Canadian Immigration Identification Record

Examples of accepted Secondary ID

- School Identification Card (student card)
- Birth certificate (a baptismal certificate is not acceptable)
- Canadian or U.S. driver's licence
- NEXUS card
- Canadian Forces identification
- Foreign Affairs Canada or consular identification
- Picture employee ID card
- BC Services Card (with or without photo)
- Secure Certificate of Indian Status
- Student, work, visitor or temporary resident permit
- Foreign passport

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



COMMISSIONER FOR OATHS INFORMATION SHEET

According to Section 60 of the *BC Evidence Act*, the following persons are, because of their office or employment, commissioners for taking affidavits for British Columbia:

- a) a judge of a court in British Columbia;
- b) justices;
- c) registrars, deputy registrars, district registrars and deputy district registrars of the Supreme Court;
- d) practising lawyers as defined in section 1 (1) of the *Legal Profession Act*;
- e) notaries public;
- f) the local government corporate officer and that person's deputy;
- g) the secretary treasurer of a board of school trustees;
- h) the directeur général of a francophone education authority as defined in the School Act;
- i) coroners;
- j) government agents and deputy government agents;
- k) other classes of office holder or employment the Attorney General prescribes.

Note: For persons outside of British Columbia, persons or agencies equivalent to the above in other provinces or states may provide legal notarization of BCCOHP application documents.