

## APPLICATION INSTRUCTIONS FOR DENTAL ASSISTANT ASSESSMENT (LABOUR MOBILITY)

The assessment process is for Level II dental assistants from outside of British Columbia *and* are currently registered in another Canadian Jurisdiction and wish to become Certified Dental Assistants in B.C.

**NOTE:** Completion of the assessment process does not guarantee certification with BCCOHP.

### Contents

- Information sheet:  
Level II Dental Assistants
- Dental Assistant Assessment (Labour Mobility) Application
- Quality Assurance Form

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

**Assessment Fee** (non-refundable) \_\_\_\_ C\$100

**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 assessment 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

**PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.**

## Level II Dental Assistants Registered in Another Canadian Jurisdiction

A Level II dental assistant educated outside of B.C. may be eligible for certification in B.C. based on the labour mobility agreement between the regulatory bodies of Canada, under the *Agreement on Internal Trade* and BCCOHP Bylaws made under the *Health Professions Act* (the “HPA”).

Application for, and completion of an assessment of credentials by BCCOHP is required to determine if you are eligible for certification. Upon review of the information provided, you will be notified as to whether you meet the certification requirements to apply for Full or Limited Certification.

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### Eligibility Requirements

- you hold valid and non-restricted certification, registration or licensure as a Level II dental assistant in another Canadian jurisdiction;
- you are legally permitted to perform the nationally recognized 13 core skills in another *Canadian* jurisdiction; and
- you are meeting all applicable continuing education credits and continuous practice hours\* requirements of that other jurisdiction

### Checklist

- Have you answered all questions on the Assessment Application and signed it?
- Have you completed and enclosed a Quality Assurance form?
- Have you enclosed a copy of your current Level II dental assisting license/certificate?

*\*Acceptable continuous practice activities include the provision of clinical dental treatment, employment as a dental educator, or full-time enrollment in a dental education program.*

## APPLICATION FOR ASSESSMENT FOR DENTAL ASSISTANT CERTIFICATION (LABOUR MOBILITY)

**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

### 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) \_\_\_\_\_

### Colleges Attended

Name of Institution	City/Country	Program Completion Date – M/D/Y	Degree/Diploma Received

**Have you ever been or are you licensed/registered/certified to practise elsewhere (in or outside of Canada) 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

**While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct?**  Yes  No

If “yes”; provide details of the allegations, suspension, expulsion or penalty imposed upon you.

**Have you ever applied for registration/certification/licensure as a healthcare provider in another jurisdiction and been denied?**  Yes  No If yes, please provide details.

**Have you successfully completed the National Dental Assisting Examining Board (NDAEB) written exam?**

Yes  No  N/A

If yes, please provide:

**NDAEB Certificate Number** \_\_\_\_\_ **NDAEB Certificate Date – M/D/Y** \_\_\_\_\_

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

## QUALITY ASSURANCE FORM

### Continuous Practice

Please provide details of continuous practice as a licensed/regulated dental healthcare provider (defined as 600 hours over the preceding three years). Acceptable continuous practice activities include the provision of clinical dental treatment, employment as a dental educator, or full-time enrollment in a dental education program.

**Note:** Hours spent working as an unregistered assistant are not recognized as continuous practice hours.

Year	Practice Location – City, Prov/State	# of Hours/Year
20 ____		
20 ____		
20 ____		
20 ____		

### Continuing Education (CE)

Please provide a summary of continuing education credits received *and* attach a copy of your continuing education transcript from your licensing/regulatory authority (defined as 36 credits over the preceding three years).

Year	# of Credit Hours Obtained/Year
20 ____	
20 ____	
20 ____	

**Name of Applicant:** \_\_\_\_\_

**Signature (required)** \_\_\_\_\_ **Date – M/D/Y** \_\_\_\_\_

**MAKE SURE YOU HAVE SIGNED THIS FORM.**