

APPLICATION INSTRUCTIONS FOR DENTAL ASSISTANT ASSESSMENT

The assessment process is for Canadian educated Level II dental assistants from outside of British Columbia who are **not** currently registered in another Canadian jurisdiction or for American and internationally trained dental healthcare professionals who have earned the National Dental Assisting Examining Board (NDAEB) certificate and wish to become Certified Dental Assistants in B.C.

Minimum credentials required:

- Diploma, certificate or degree from a dental assisting, dental hygiene, or dentistry program

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

Contents

- Information sheets:
 - Part A – Canadian Educated Level II Dental Assistants
 - Part B – American and Internationally Trained Dental Healthcare Providers
- Dental Assistant Assessment Application
- Quality Assurance Form
- Commissioner for Oaths Information Sheet

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

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.

Part A – Canadian Educated Level II Dental Assistants Who Are Not Currently Registered in Another Canadian Jurisdiction

A Level II dental assistant educated outside of B.C., but within Canada, may be eligible for certification in B.C. 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 and will be invited to apply for Full Certification if eligible.

If it has been determined that you require additional training prior to certification, you may be eligible for Limited Certification which will permit you to perform the services of a Full CDA, except for those restricted activities which require further training. Formal education for these skills must be undertaken at an accredited Dental Assisting program within one year. When BCCOHP receives proof of successful completion of this education, you will then be eligible to transfer your Limited Certification to Full Certification.

Eligibility Requirements

- you are a graduate of a Canadian Level II dental assisting program;
- you have been practising as the equivalent of a Full certified dental assistant or a Level II dental assistant in another Canadian jurisdiction where certification, registration, or licensure is not required for that purpose;
- you are meeting all applicable BCCOHP's Quality Assurance: a minimum of 600 continuous practice hours* and a minimum of 36 continuing education credits in the preceding three years; and
- you have earned the National Dental Assisting Examining Board (NDAEB) Certificate

Checklist

- Have you answered all questions on the Assessment Application and signed it?
- Have you enclosed a notarized copy of your dental assisting school diploma/certificate or dental degree?
- Have you completed and enclosed a Quality Assurance form?
- Have you enclosed a notarized copy of your NDAEB certificate?
- Have you enclosed a copy of name change documents if your name is now different than the one on your education and examination credentials?

**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.*

Part B - American and Internationally Trained Dental Healthcare Professionals

Dental healthcare professionals educated outside of Canada may be eligible for certification in B.C. on completion of this assessment. Application for, and completion of, an assessment of credentials by BCCOHP is required to determine if you are eligible for certification.

If it has been determined you require additional training prior to certification, you may be eligible for Limited Certification which will permit you to perform the services of a Full CDA, except for those restricted activities which require further training. Formal education for these skills must be undertaken at an accredited Dental Assisting program within one year. When BCCOHP receives proof of successful completion of this education, you will then be eligible to transfer your Limited Certification to Full Certification.

NOTE: Successful completion of the National Dental Assisting Examining Board (NDAEB) written examination and Clinical Practice Evaluation (CPE) is mandatory. Please visit the NDAEB website (www.ndaeb.ca) for examination details and applications.

Eligibility Requirements

- you are a graduate of a Level II dental assisting program, dental hygiene program, or dentistry program; and
- you have earned the NDAEB certificate

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 notarized copy of your dental assisting/dental hygiene/dental degree/diploma/certificate?
- Have you enclosed a copy of your current license / certificate / registration?
- Have you enclosed a notarized copy of your NDAEB certificate?
- Have you enclosed a notarized copy of your Clinical Practice Evaluation (CPE)?
- Have you enclosed a copy of name change documents if your name now is different than the one on your education and examination credentials?

APPLICATION FOR ASSESSMENT FOR DENTAL ASSISTANT CERTIFICATION

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 or Universities Attended – Enclose a notarized copy of your dental assisting/dental hygiene/dental degree/diploma/certificate.

Name of Institution	City/Country	Dates attended M/D/Y – M/D/Y	Designation Received

Have you ever been or are you licensed/registered/certified elsewhere as a healthcare provider?

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? Provide notarized copy of NDAEB certificate.

Yes No N/A

Have you successfully completed the NDAEB Clinical Practice Evaluation (CPE)?

If yes, provide notarized copy of letter of successful completion.

Yes No N/A

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.

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

Main line: 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.