

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](http://www.oralhealthbc.ca)



## 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

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

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

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

**Period for extension requested** (please indicate)

1 month – C\$12.92     2 months – C\$25.84     3 months – C\$38.76     4 months – C\$51.68

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\$12.92

**2 months certification** \_\_\_\_\_ C\$25.84

**3 months certification** \_\_\_\_\_ C\$38.76

**4 months certification** \_\_\_\_\_ C\$51.68

**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.**