

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



APPLICATION FOR LICENCED DENTAL ASSISTANT PROSTHODONTIC DESIGNATION

This application is for LDAs who have successfully completed a recognized Prosthodontic Module at a Canadian institution that has been accredited by the Commission on Dental Accreditation of Canada (CDAC).

The following must accompany this application:

- Notarized copy of your certificate verifying successful completion of the prosthodontic theory and clinical course, **or**
- Notarized copy of written confirmation from the Program Coordinator of a CDAC accredited Dental Assisting Program indicating successful completion of the above course.

Surname _____

First _____ **Middle** _____

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 Licence Number _____

Home

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

Address _____ Phone _____

City _____ Province _____ Postal Code _____

Main Email (for confidential information from BCCOHP) _____

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

Address _____ Phone _____

City _____ Province _____ Postal Code _____

Email _____

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

MAKE SURE YOU HAVE SIGNED THIS FORM.

Fees

Prosthodontic Module Designation _____ C\$53

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 designation fee 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

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.

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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.