

## APPLICATION FOR CERTIFIED DENTAL ASSISTANT PROSTHODONTIC DESIGNATION

This application is for CDAs 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 Certification 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 \_\_\_\_\_

**Note:** If currently a BCCOHP CDA, 22 Continuing Education credits will be added to your CE Transcript if this module was completed within your current QAP cycle.

MAKE SURE YOU HAVE SIGNED THIS FORM.

## Fees

**Prosthodontic Module Designation** \_\_\_\_\_ C\$50

**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.**

## 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.