

## 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

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 CE 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.**