

## APPLICATION INSTRUCTIONS FOR CERTIFICATION AS A CERTIFIED SPECIALIST

This application is for dentists who hold Full Dentist licence and who are now eligible for certification as a Certified Specialist as they have met the requirements noted below.

Minimum credentials required:

- Full Dentist licence with BCCOHP
- a degree or equivalent qualification in a recognized specialty from a listed (accredited) specialty program or equivalent specialty program
- successful completion of the National Dental Specialty Examination (NDSE)

### Contents

- Application for Certification of Full Dentist Licensee as a Certified Specialist
- Commissioner for Oaths Information Sheet

### Checklist

- Have you answered all questions on the application forms?
- Have you submitted all supporting documents verifying your qualifications to be eligible for certification in a recognized specialty in BC?
- Have you submitted confirmation of successful completion of National Dental Specialty Examination (NDSE)?

### Fees

**Application Fee** (non-refundable) \_\_\_\_\_ C\$752

**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 application 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.**

## APPLICATION FOR CERTIFICATION AS A CERTIFIED SPECIALIST

**Surname** \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_

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).

**BCCOHP Licence Number (if applicable)** \_\_\_\_\_ **Date of birth – M/D/Y** \_\_\_\_\_

The *Health Professions and Occupations Act* (the “HPOA”) requires that all licensees provide business contact information. If you do not have a business address, you must include a \*phone number and \*email address that will be published in the *Public Register*.

**Practice** – Submit any additional practice address(es) on a separate sheet  
All practice address(es) are published in the *Public Register*

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

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

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

Include email in *Public Register*

### Home

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

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

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

Postal Code \_\_\_\_\_ Cell \_\_\_\_\_

Main Email (for confidential/personal information from BCCOHP) \_\_\_\_\_

**I wish to receive mail from BCCOHP** (check one only)

at my practice address     at my home address

## Privacy and Security

BCCOHP must collect and manage certain personal information to fulfill its regulatory purpose as set out in the *Health Professions and Occupations Act* (the "HPOA"). Additionally, BCCOHP is designated as a public body under the *Freedom of Information and Protection of Privacy Act* (FOIPPA). BCCOHP collects and manages information in accordance with the HPOA, FOIPPA, and other applicable laws. Some of the information BCCOHP collects must be publicly accessible pursuant to the HPOA.

**Specialty or Post-Graduate Education** – Provide a **notarized** copy of your degree (required if not currently licenced or registered as a Specialist in another Canadian jurisdiction with the same or equivalent licence class).

Name of Institution	City/Country	Dates Attended M/D/Y – M/D/Y	Degree Received

**Certification requested in the specialty of** \_\_\_\_\_

**Have you completed the National Dental Specialty Examination (NDSE)?**

Yes  No Date – M/D/Y \_\_\_\_\_ **If yes, please provide proof of completion.**

**Note:**

- If you completed the NDSE exam administered by the NDEB, please provide a **notarized** copy of your NDSE certificate (required if not currently registered as a Specialist in another Canadian jurisdiction).
- If you completed the NDSE exam administered by the RCDC prior to 2020, please provide letter of completion from RCDC. Please ask RCDC to submit the letter to our office at [registration@oralhealthbc.ca](mailto:registration@oralhealthbc.ca).

**Have you been or are you registered/licensed elsewhere as a healthcare provider or any other regulated profession?**

Yes  No If yes, please provide details. (use separate sheet if needed)

Jurisdiction	City/Country	Time Period M/D/Y – M/D/Y

**IMPORTANT: If you are or have ever been certified/licensed in another province or country, you will be required to contact that provincial or national regulatory body to request a Certificate or Letter of Standing for your BCCOHP application. The Certificate or Letter of Standing must be delivered directly to BCCOHP from the licensing/regulating body in a sealed envelope.**

**The Certificate or Letter of Standing is valid for up to 60 days from the date that it was issued. If an applicant does not have their certification process completed within 60 days from the date of issue, a new Certificate or Letter of Standing will be required.**

## Application Questions

All of the following questions **must** be answered. A written explanation must be given for all affirmative answers (use a separate sheet if necessary). Information provided is **confidential** to BCCOHP.

If you are unclear or unsure about how to respond to any of these questions, please contact staff for clarification.

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Do you have a medical condition that could affect your ability to safely practise dentistry? (Examples: mental or physical ailment, psychiatric disorder, addiction, blood borne pathogens)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for any type of misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently charged with a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal or other offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been the subject of complaints in relation to your practice of dentistry or any other profession with the registration/licensing authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any regulatory action been taken against you as a result of any complaint, investigation or disciplinary proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At the present time, are there any investigations, reviews or proceedings taking place in any jurisdiction concerning your practice of dentistry or any other profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been found guilty of professional misconduct or incompetence in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your licence/registration as a dental healthcare provider or any other profession ever been suspended, revoked or restricted in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever voluntarily surrendered your licence/registration as a professional in another jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever practised as a dentist or other professional without a licence/registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied registration/licensure by any health profession regulator in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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## Authorization and Oath

- I am applying to be certified as a certified specialist with the BC College of Oral Health Professionals (“BCCOHP”) under the *Health Professions and Occupations Act* (the “HPOA”) and the Bylaws made under the HPOA. In consideration of BCCOHP’s processing of my application, by my signature below, I authorize BCCOHP to make reasonable and lawful enquiries about me, including enquiries seeking confidential or personal information (in documentary form or otherwise) from any regulatory authority, hospital, educational program, institution or law enforcement agency (collectively, the “Licensure-Related Information”), and to then consider and use the Licensure-Related Information, all for the purpose of determining my fitness for certification as a Certified Specialist in British Columbia.
- I have read and understood BCCOHP’s *standards*, which facilitate the delivery of competent and ethical patient-centred care. I understand that I am responsible for applying these in my practice.
- I acknowledge and understand I must be fit to practise a designated health profession in that I have both the competence and capacity to practise the designated health profession: **competent** in that I have the requisite knowledge, skills, ability and judgement to practise the designated health profession ethically, safely and in accordance with all applicable ethics standards and practice standards; and **capacity** in that my competence to practise is not unduly impaired by a health condition. A health condition includes a physical, cognitive or mental health condition or ailment or an emotional disturbance.
- I recognize that those who, in good faith, furnish Licensure-Related Information to BCCOHP in connection with my application for certification have reasonable expectations that such Licensure-Related Information will be kept confidential.
- I further understand that BCCOHP may take disciplinary action against me, including action to revoke my certification, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for certification.
- I am aware of the HPOA of British Columbia and the BCCOHP Bylaws and do solemnly declare that I will uphold the honour and dignity of the profession and adhere to the HPOA of British Columbia and the BCCOHP Bylaws.

## Attestation Statement

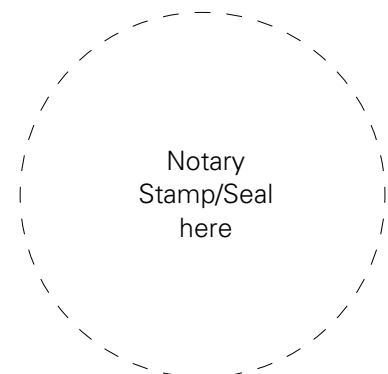
I, \_\_\_\_\_ (name of applicant), declare that the answers given to the questions in this application and the information I supplied on this application, are true, complete, and accurate in every respect, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if it were made under oath and by virtue of the *Canada Evidence Act*.

Signature of Applicant \_\_\_\_\_

DECLARED before me at the city of \_\_\_\_\_, in (country) \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

A Commissioner for Oaths or Notary Public

\_\_\_\_\_  
Must include a stamp or seal of Commissioner for Oaths or Notary Public and on the Statutory Declaration Form.



**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](http://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.