

## APPLICATION FOR NON-PRACTICING DENTURIST REGISTRATION

### 1. TRANSITION TO NON-PRACTICING REGISTRATION

By signing this form, I, \_\_\_\_\_,  
(registrant's name)

- confirm that I
  - am currently registered as an active full or grandparented registrant of the College,
  - wish to transition from active registration to non-practicing registration, and
- acknowledge that as a non-practicing registrant, I will continue to be subject to the provisions of the *Health Professions Act*, the applicable regulations under the Act and the bylaws of the College.

### 2. PAYMENT OF FEES

I attach a cheque or money order made out to the "BC College of Oral Health Professionals" in the amount of \$254.00 (the application fee of \$25.00 and the registration fee of \$229.00)

### 3. LOCATION OF FILES

The College sometimes receives inquiries from patients trying to obtain copies of their clinical records from registrants who are no longer in active practice. Please indicate what you intend to do with the clinical records from your practice:

- retain in my possession

location they will be stored: \_\_\_\_\_

\_\_\_\_\_

- leave with another dentist

name/contact information: \_\_\_\_\_

\_\_\_\_\_

## Declaration for applicants for renewal of registration

Further to my application to the British Columbia College of Oral Health Professionals to renew my registration as a non-practising registrant, I solemnly declare the following:

1. I have read, understood and will remain at all times in compliance with the *Health Professions Act*, the regulations under the *Health Professions Act*, the BCCOHP bylaws, and the standards of practice and standards of professional ethics established by the BCCOHP board.
2. I am a person of good character, meeting the ethical qualities expected of a registrant of BCCOHP, including integrity and commitment to caring for others.
3. I do not know of any reason, condition or circumstance why my registration should not be renewed with BCCOHP.
4. I will promptly notify BCCOHP of any complaint, investigation, review or disciplinary proceeding that may affect my registration or licensure for the practice of the designated health profession or any other regulated profession in British Columbia or any other jurisdiction, and will divulge any relevant information requested by BCCOHP.
5. I understand that, while I am registered as a non-practising registrant, I must not practice, or provide any service in, a designated health profession in British Columbia.
6. I understand that to return to practice, I must meet the requirements outlined in the BCCOHP bylaws for reinstatement of practising registration.
7. All information provided in my application for renewal of registration is true and complete.
8. I understand that the submission of false or incomplete information in support of an application for renewal of registration constitutes professional misconduct and may result in cancellation of registration.

I make this solemn declaration, conscientiously believing all the above statements to be true, and knowing that it is of the same force and effect as if made under oath.

Signature \_\_\_\_\_

Date \_\_\_\_\_