

## APPLICATION FOR DENTAL RADIOGRAPHY MODULE ACKNOWLEDGEMENT DOCUMENT

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

**For all documents that require notarization, the original must be received by the BCCOHP office in hardcopy.** The following must accompany this application:

- A notarized copy of proof of successful completion of a BCCOHP approved accredited radiography program
- Criminal Record Check (CRC) Authorization form
- Photo Identification Notarization form, along with notarized photocopy of two pieces of photo ID (one primary and one secondary)

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

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

**Date of birth** – M/D/Y \_\_\_\_\_ **Gender** ☐ female ☐ male

**Place of birth** – City/Province/Country \_\_\_\_\_

### 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 \_\_\_\_\_

## Fees

**Authorization for a Criminal  
Record Check** \_\_\_\_\_ C\$28

**Radiography 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 Criminal Record Check fee online. Once your application is ready to be finalized, you will receive a second email notification to pay the designation fee online.
- ☐ By Cheque or Money Order – enclosed with application.

If paying by cheque or money order, please provide separate payments for the Criminal Record Check fee and the designation fee.

**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.**

## CRIMINAL RECORD CHECK AUTHORIZATION

### Applicant Name

Surname	First name	Middle name

**Other names used or have used** (e.g. maiden name, birth name, previous married name, preferred name)

Surname	First name	Middle name

Surname	First name	Middle name

Surname	First name	Middle name

**B.C. Driver's Licence # (if applicable)** \_\_\_\_\_

### Consent for Release of Information and Acknowledgements

- I hereby consent to a criminal record check pursuant to the *Criminal Records Review Act (CRRRA)* to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) as defined under that *Act* (CRRRA check). I hereby consent to a check of available law enforcement systems as further described below, including any local police records.
- I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the Royal Canadian Mounted Police (RCMP) website: <http://www.rcmp-grc.gc.ca/en/types-criminal-background-checks>. I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity. In addition, where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar of the Criminal Records Review Program (CRRP) for review.
- The Deputy Registrar of the CRRP will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I agree to report the charge(s) or conviction(s) to my organization, in a timely manner, with a new criminal record check authorization.

For the purpose of completing my *CRRA* check as described above, I authorize the collection and/or consent to the disclosure of my personal information within Canada, as follows:

- Pursuant to the *Freedom of Information and Protection of Privacy Act (FoIPPA)*, I hereby consent to the disclosure by the Ministry of Public Safety and Solicitor General to the Deputy Registrar of the CRRP of my name(s), alias(es), Correctional Service Number (CS#), history of contact with BC Corrections, and my date of birth as found on the BC Corrections' client management software, CORNET.
- Pursuant to *FoIPPA*, I hereby consent to the disclosure by the Deputy Registrar of the CRRP to the Criminal Records Review Unit of the RCMP (CRRU) of my name(s), alias(es), CS#, date of birth, gender, driver's license/BCID#, and history of contact with BC Corrections. I also authorize the collection, by the CRRU and other federal government institutions under the *Privacy Act*, of the same information and of any and all personal information relating to this *CRRA* check in support of my application, for the purpose of conducting a check of criminal investigations, charges, convictions and information in police databases, including incidents that did not result in conviction. For the same purpose, I also authorize the provision to the CRRU of my personal information by all queried federal, provincial and municipal Law Enforcement Agencies in Canada as well as other authorized public bodies under *FoIPPA*.
- Pursuant to *FoIPPA*, the *Privacy Act*, and any other relevant applicable provincial and federal legislation, I hereby consent to the disclosure to the Deputy Registrar of the CRRP by the CRRU, the BC Municipal Law Enforcement Agencies as well as other authorized public body agencies of any personal information relating to my *CRRA* check. This personal information may include:
  - (a) Criminal record check or fingerprint-based criminal record verification by searching the Canadian Police Information Centre database;
  - (b) A police information check, including the Police Records Information Management Environment (PRIME-BC) and the Police Reporting and Occurrence System (PROS).
- I acknowledge that in certain instances, although no identified occurrence(s) resulted in a charge or conviction, the CRRU may assess that I pose a public safety risk and advise Security Programs Division that it will terminate its check of law enforcement systems accordingly, with the result that my *CRRA* check may not be concluded.
- In addition to the foregoing, and as may be required for the Deputy Registrar of the CRRP to make a determination pursuant to s. 4 (2) and 4 (3) *CRRA*, I further authorize the release to the Deputy Registrar of the CRRP of any documents in the custody of the police, the courts, corrections and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the *CRRA* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar of the CRRP.

☐ **I have read and understand the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below. This consent is valid from the date signed.**

**Applicant Signature** \_\_\_\_\_

**Date – M/D/Y** \_\_\_\_\_

#### **CRRP Collection Notice**

The Security Programs Division (SPD) will collect your personal information for the purpose of fulfilling the criminal record check requirements of the *Criminal Records Review Act* and in accordance with section 26(c) and 27(1)(a)(i) and (b) of the *Freedom of Information and Protection of Privacy Act (FoIPPA)*. Additionally, SPD may collect personal information under section 26(e) and 27(1)(a)(i) and (b) of *FoIPPA* for the purpose of evaluating the Criminal Records Review Program and activities to better serve you. Should you have any questions about the collection, use, or disclosure of your personal information, please contact the Policy Analyst of the Criminal Records Review Program, Security Programs Division via mail to PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1; email to [criminalrecords@gov.bc.ca](mailto:criminalrecords@gov.bc.ca); or by telephone at 1-855-587-0185 (option 2).

## 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.

## PHOTO IDENTIFICATION NOTARIZATION FORM

**Name of Applicant** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date – M/D/Y** \_\_\_\_\_

### Instructions for Notary Public

- Complete information required in 'Certification of Notary Public' box below.
- Attach a photocopy of two pieces of photo ID (one primary and one secondary).
- Notary stamp and/or seal must be directly on photocopy attached to this form. The same stamp and/or seal should be affixed in the box below.

### Certification of Notary Public

I, (name of Notary Public) \_\_\_\_\_, certify that the copy of ID attached to this page is the likeness of the applicant as named above.

DECLARED before me at the city of \_\_\_\_\_, in the province of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature and Stamp of Notary \_\_\_\_\_

**Seal or stamp required on notary signature and  
on attached photocopy of ID Signature alone is not sufficient.**

Notary Stamp/  
Seal here

### Examples of accepted Primary ID

- B.C. driver's licence or learner's licence
- Valid passport
- Photo BC Services Card
- BC Identity Card (BCID)
- Secure Certificate of Indian Status
- Citizenship card
- Permanent resident card
- Record of Landing / Canadian Immigration Identification Record

### Examples of accepted Secondary ID

- School Identification Card (student card)
- Bank card
- Credit card
- Birth certificate (a baptismal certificate is not acceptable)
- Canadian or U.S. driver's licence
- NEXUS card
- Canadian Forces identification
- Foreign Affairs Canada or consular identification
- Picture employee ID card
- BC Services Card (with or without photo)
- Secure Certificate of Indian Status
- Student, work, visitor or temporary resident permit
- Foreign passport