

## Denturist Student Registration

I, \_\_\_\_\_ (print name), hereby make application to the British Columbia College of Oral Health Professionals Registration Committee for registration in the Student Class. I have:

- Enrolled in or, within the six months prior to this application, was enrolled in a recognized denturist education programs specified in BCCOHP Schedule C (iv);
- Graduated as of \_\_\_\_\_ (date) or expect to graduate \_\_\_\_\_ (date);
- The applicant must provide evidence to the Registration Committee, with three reference letters, that he/she is of good character and fit to engage in the practice of denturism and;
- submit to the Registrar the following:
  - (i) a signed mentor contract form.
  - (ii) a cheque or money order for the application fee for student registration; \$100, as specified in Schedule A,
  - (iii) any other outstanding fine, fee, debt or levy owed to the college,
  - (iv) a notarized statement, or other evidence satisfactory to the registration committee, of the applicant's name and date of birth,
  - (v) a notarized statement, or other evidence satisfactory to the registration committee, of the applicant's enrolment in a denturist education program described above,
  - (vi) a passport sized photograph of the applicant, taken within one year of the date of application signed by a notary or lawyer, confirming that the person pictured in the photograph is the applicant,
  - (vii) a statutory declaration form.

(viii) a signed criminal record check authorization in the form required by the *Criminal Records Review Act*.

(ix) a notarized copy, or other evidence satisfactory to the registration committee, of the applicant's Canadian citizenship or authorization to work in Canada,

(x) in the case of an applicant who is practising or has practised denturism or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction, and

(xi) a letter or certificate, in a form satisfactory to the registration committee and dated within 60 days prior to the date of application, from each body responsible for the regulation of denturism or another health profession in a jurisdiction where the applicant is, or has been, authorized to practise denturism or *another health profession*, specifying particulars of any cancellation, suspension, limitation or conditions on the applicant's entitlement to practise, or any investigation, review or proceeding which could lead to cancellation, suspension, limitation or conditions on the applicant's entitlement to practise.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cellular

\_\_\_\_\_  
Email Address