

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



APPLICATION FOR LICENCED DENTAL ASSISTANT ORTHODONTIC DESIGNATION

This application is for LDAs who have successfully completed a recognized Orthodontic 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 proof of successful completion of the orthodontic 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 Licence 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 – Submit any additional practice address(es) on a separate sheet

Address _____ Phone _____

City _____ Province _____ Postal Code _____

Email _____

Signature of Applicant _____ **Date** – M/D/Y _____

MAKE SURE YOU HAVE SIGNED THIS FORM.

Fees

Orthodontic Module Designation _____ C\$53

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.

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



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.