110 - 1765 8th Ave W Vancouver, BC V6J 5C6 Main line: 672.202.0448
Toll free: 1.888.202.0448
registration@oralhealthbc.ca
www.oralhealthbc.ca

Notary Stamp/Seal

here
(must overlap photo)

Attach a passport-sized photo taken within the past 12 months. **Photo must be** 

attached prior to

notarization



## STATUTORY DECLARATION (CERTIFIED DENTAL ASSISTANT)

Further to my application to the British Columbia College of Oral Health Professionals for certification as a temporary certified dental assistant, I (name of applicant)

solemnly declare the following:

- 1. I have read, understood and will remain at all times in compliance with the <u>Health Professions Act</u>, the regulations under the <u>Health Professions Act</u>, the BCCOHP bylaws, and the standards of practice and standards of professional ethics established by the board of the BCCOHP.
- 2. I am a person of good character, meeting the ethical qualities expected of a certified dental assistant of the BCCOHP, including integrity and commitment to caring for others.
- 3. I do not know of any reason, condition or circumstance why I should not be granted certification with the BCCOHP.
- 4. I will promptly notify the BCCOHP of any complaint, investigation, review or disciplinary proceeding that may affect my certification, registration or licensure to provide the services of a certified dental assistant or for the practice a regulated profession in British Columbia or any other jurisdiction, and will divulge any relevant information requested by the BCCOHP.
- 5. All information provided in my application for certification is true and complete.
- 6. I understand that the submission of false or incomplete information in support of an application for certification constitutes professional misconduct and may result in cancellation of certification.

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 of Applicant				
DECLARED before me at the city of	, in (countr	y)		
thisday of	_ , 20		_	
A Commissioner for Oaths or Notary Public		/		\
		/		\
(Must include a stamp or seal of Commissioner for Oath	s or Notary Public)		Notary Stamp/Seal here	, , , , , , , , , , , , , , , , , , ,

THIS FORM MUST BE SIGNED AND STAMPED WITH THE NOTARY SEAL.

APPLICATION MUST BE COMPLETE, WITH PHOTO ATTACHED, PRIOR TO NOTARIZATIO

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## 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.