

**Mailing Address**  
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](http://www.oralhealthbc.ca)

## STATUTORY DECLARATION

Further to my application to the British Columbia College of Oral Health Professionals for registration as an active full dentist registrant, I (name of applicant)

\_\_\_\_\_

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 board of the BCCOHP.
2. I am a person of good character, meeting the ethical qualities expected of a registrant 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 dentist registration with the BCCOHP.
4. I will ensure that I maintain professional liability insurance coverage as required by the BCCOHP for the entire period of my registration.
5. I will promptly notify the BCCOHP of any complaint, investigation, review or disciplinary proceeding that may affect my registration or licensure for the practice of the designated health profession of dentistry or any other regulated profession in British Columbia or any other jurisdiction, and will divulge any relevant information requested by the BCCOHP.
6. All information provided in my application for registration is true and complete.
7. I understand that the submission of false or incomplete information in support of an application for 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 of Applicant \_\_\_\_\_

DECLARED before me at the city of \_\_\_\_\_, in (country) \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

A Commissioner for Oaths or Notary Public

\_\_\_\_\_

(Must include a stamp or seal of Commissioner for Oaths or Notary Public)

Attach a passport-sized photo taken within the past 12 months.

**Photo must be attached prior to notarization**

Notary Stamp/Seal here

**(must overlap photo)**

Notary Stamp/Seal here