

APPLICATION INSTRUCTIONS FOR DENTAL TECHNICIAN STUDENT REGISTRATION

This category is available to dental technician students who are enrolled in a recognized dental technician education program specified in BCCOHP Bylaws.

Minimum credentials required:

- Proof of current enrollment in a recognized dental technician education program

Contents

- Application for Dental Technician Student Registration
- Statutory Declaration Form
- Commissioner for Oaths Information Sheet

Please submit, by mail or courier, all completed forms and documents to:

BC College of Oral Health Professionals
110 - 1765 8th Ave W
Vancouver, BC V6J 5C6

**PLEASE RETURN THIS PAGE ALONG WITH
THE APPLICATION.**

Checklist

- ☐ Have you answered all questions on the application forms?
- ☐ Have you attached a passport-sized head and shoulder photograph to your application?
Note: Photo must be attached to application prior to notarization.
- ☐ Have you signed and dated your application form?
- ☐ Have you completed a Criminal Record Check (CRC) to the Ministry of Public Safety and Solicitor General.
- ☐ Have you had the following **notarized** by a Commissioner for Oaths who has applied a stamp or seal?
 - Your **photo** on page 1 of the application.
 - The Statutory Declaration.
 - A photocopy of your **government issued photo identification** which displays your name, date of birth, signature and photo (ie. driver's license or passport).
 - Proof of enrollment or evidence satisfactory to the registration committee, of the applicant's enrollment in a denturist education program.

NOTE: Please ensure you submit all required information. Incomplete information will delay the processing of your application. Incomplete applications may be returned.

APPLICATION FOR DENTAL TECHNICIAN STUDENT REGISTRATION

Surname _____

Previous Surname (if applicable) _____

First _____

Middle _____

Preferred Name _____

Your name on the application must be the same as your current legal name.

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

Place of birth – City/Province/Country _____

Identification – A **notarized** copy of government issued ID is required. (select one)

☐ Driver's license issued by (Prov/State) _____

☐ BC Identification Card

☐ Passport issued by (Country) _____

Home

BCCOHP bylaws require a valid email address individual to the applicant for the purpose of receiving communications from the college to the applicant.

You must provide a valid home address and contact information, including an email address.

Address _____ Phone _____

City _____ Province _____

Postal Code _____ Email _____

Supervising Dental Technician

Mentor Name _____ Registration Number _____

Address _____ Phone _____

City _____ Province _____

Postal Code _____ Cell _____

Email _____

Time Period from: M/D/Y to M/D/Y _____

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)**

Dental Technician Education – Provide proof of enrollment in a recognized denturist program.

Name of Institution	City/Prov.	Dates attended M/D/Y – M/D/Y	Graduation Date (or expected date)

Have you been or are you registered/licensed elsewhere as a healthcare provider?

☐ Yes ☐ No If yes, complete the following:

Jurisdiction	City/Country	Time Period M/D/Y – M/D/Y

IMPORTANT: If you are or have ever been certified/licensed in another province or country, you will be required to contact that provincial or national regulatory body to request a **Certificate or Letter of Standing** for your BCCOHP application. The **Certificate or Letter of Standing** must be delivered directly to BCCOHP from the licensing/regulating body in a sealed envelope.

The Certificate or Letter of Standing is valid for up to 60 days from the date that it was issued. If an applicant does not have their registration/certification process completed within 60 days from the date of issue, a new Certificate or Letter of Standing will be required.

Completion of the BCCOHP Jurisprudence Education Module (JEM)

Upon receipt of your application, BCCOHP staff will reach out to you via email and provide instructions on how to complete the JEM module and submit proof of completion.

I hereby apply for Student Registration to carry out duties of dental technician nature under the **indirect supervision of the dental technician registrant named above**. I certify that the contents of this application are true and correct.

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

STATUTORY DECLARATION (STUDENT REGISTRANT)

Further to my application to the British Columbia College of Oral Health Professionals for registration as a Student 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 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 denturism 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.

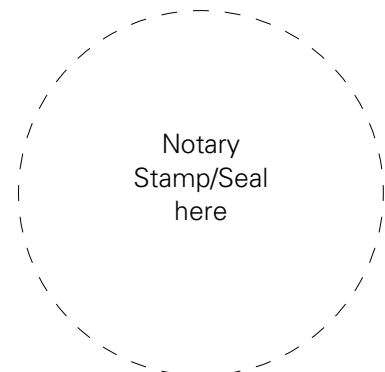
I make this solemn declaration, conscientiously believing all the above statements to be true, and knowing that it is of the same force and effect as if made under oath.

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)





British Columbia College of
Oral Health Professionals

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

CRIMINAL RECORD CHECK

Applicants must undergo a Criminal Record Check as part of the application process. To authorize this check, visit the BC Ministry of Justice website at <https://justice.gov.bc.ca/eCRC/> and complete the application form.

Enter the following access code: JXYG77RN2A

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.