

APPLICATION INSTRUCTIONS FOR DENTAL TECHNICIAN REGISTRATION

This application is for those dental technicians that are eligible for full registration.

Minimum credentials required:

- Satisfy the training and education / experience requirements
Note: If you have questions about meeting these eligibility requirements, please contact the registration department.
- Submit a Criminal Record Check as required under the *Criminal Records Review Act*
- Obtain proof of professional liability insurance coverage of at least \$1,000,000 per occurrence (may be required to provide proof of insurance)
- Evidence of successful completion of the Dental Technology Entry-to-Practice Assessment administered by the Canadian Alliance of Dental Technology Regulators

Note: Individuals who have graduated from a Dental Technology Program outside of Canada are required to complete the Credentialing and Assessment Services administered by the Canadian Alliance of Dental Technology Regulators.

Documentation must be in English or accompanied by a translation certified by a qualified official interpreter.

Individuals submitting an application must provide evidence that they: Have graduated from a minimum 2-year dental technology education program approved by the Registration Committee, OR

- Have provided the services equivalent to those of a dental technician for a period of not less than 5 years, AND
- Provide evidence of having a combination of knowledge, skills and abilities satisfactory to the Registration Committee

Contents

- Application for Registration
- Statutory Declaration Form
- Commissioner for Oaths Information Sheet

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 enclosed a copy of name change documents if your name has changed?
- Have you signed and dated your application form?
- Have you requested a Criminal Record Check (CRC)?
- Have you had the following **notarized** by a Commissioner for Oaths who has applied a stamp or seal?
 - Your **photo** on page 1 and the bottom of page 5 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).
 - A photocopy of your **graduation documentation** (required if not currently registered in another Canadian jurisdiction).
- Have you applied for professional liability insurance?
- If registered/licensed or previously registered/licensed in another jurisdiction, you will be required to request a Certificate or Letter of Standing from that licensing or regulatory authority.

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

Fees

Application Fee (non-refundable) _____ C\$100

Registration Fee for April 1, 2023 to March 31, 2024 (non-refundable after registration is granted)

If registration finalized between
April 1 – September 30 _____ C\$775

Half-year pro-ration –
If registration finalized between
October 1 – March 31 _____ C\$388

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 application fee online. Once your registration is ready to be finalized, you will receive a second email notification to pay the registration 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

PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.

APPLICATION FOR DENTAL TECHNICIAN REGISTRATION

Surname _____**Previous Surname (if applicable)** _____**First** _____**Middle** _____**Preferred Name** _____

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

The *Health Professions Act* (the "HPA") requires that all registrants provide all business addresses and phone numbers. BCCOHP bylaws require a valid email address individual to the applicant for the purpose of receiving communications from the college to the applicant.

Practice

Address _____ *Phone _____

City _____ Province _____

Postal Code _____ *Email _____

 Include email in *Registrant Lookup*

Home

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

Address _____ Phone _____

City _____ Province _____

Postal Code _____ Cell _____

Main Email (for confidential/personal information from BCCOHP) _____

I wish to receive mail from BCCOHP (check one only) at my work address at my home address

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)**

Privacy and Security

BCCOHP must collect and manage certain personal information to fulfill its regulatory purpose as set out in the *Health Professions Act* (the "HPA"). Additionally, BCCOHP is designated as a public body under the *Freedom of Information and Protection of Privacy Act (FOIPPA)*. BCCOHP collects and manages information in accordance with the HPA, FOIPPA, and other applicable laws.

Some of the information BCCOHP collects must be publicly accessible pursuant to the HPA.

Have you previously been registered with this College in any capacity? Yes No

If yes, in what capacity were you registered with the College? _____

Please provide previous registration number _____

Dental Technology Education – Provide a **notarized** copy of your diploma or certificate (required if not currently registered in another Canadian jurisdiction).

Name of Institution	City/Country	Dates attended M/D/Y – M/D/Y	Degree Received

Do you have proof of successful completion of the Dental Technology Entry-to-Practice Assessment administered by the Canadian Alliance of Dental Technology Regulators? Yes No

If yes, please provide a copy of this (**required** if not currently registered in another Canadian jurisdiction)

Have you been or are you registered/licensed elsewhere as a healthcare provider or any other regulated profession?

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 registered/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.

Professional Liability Insurance

Coverage of at least \$1,000,000 for British Columbia is mandatory.

Name of insurance provider _____

(enclose copy of memorandum/policy of insurance)

Application Questions

All of the following questions **must** be answered. A written explanation must be given for all affirmative answers (use a separate sheet if necessary). Information provided is **confidential** to BCCOHP.

If you are unclear or unsure about how to respond to any of these questions, please contact staff for clarification.

Do you have a medical condition that could affect your ability to safely practise dental technology? (Examples: mental or physical ailment, psychiatric disorder, addiction, blood borne pathogens) Yes No

While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you? Yes No

Have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for any type of misconduct? Yes No

Are you currently charged with a criminal or other offence in Canada or elsewhere? Yes No

Have you ever been convicted of a criminal or other offence in Canada or elsewhere? Yes No

Have you ever been the subject of complaints in relation to your practice of dental technology or any other profession with the registration/licensing authority? Yes No

Has any regulatory action been taken against you as a result of any complaint, investigation or disciplinary proceeding? Yes No

At the present time, are there any investigations, reviews or proceedings taking place in any jurisdiction concerning your practice of dental technology or any other profession? Yes No

Have you ever been found guilty of professional misconduct or incompetence in any jurisdiction? Yes No

Has your registration as a dental healthcare provider or any other profession ever been suspended, revoked or restricted in any way? Yes No

Have you ever voluntarily surrendered your licence/registration as a professional in another jurisdiction? Yes No

Have you ever practised as a dental technician or other professional without a licence/registration? Yes No

Have you ever been denied registration/licensure by any health profession regulator in any jurisdiction? Yes No

Authorization and Oath

- I am applying to register with the BC College of Oral Health Professionals (“BCCOHP”) under the *Health Professions Act* (the “HPA”) and the Bylaws made under the HPA. In consideration of BCCOHP’s processing of my application, by my signature below, I authorize BCCOHP to make reasonable and lawful enquiries about me, including enquiries seeking confidential or personal information (in documentary form or otherwise) from any regulatory authority, hospital, educational program, institution or law enforcement agency (collectively, the “Registration-Related Information”), and to then consider and use the Registration-Related Information, all for the purpose of determining my fitness for Registration in British Columbia.
- I have read and understood BCCOHP’s *Standards and Guidance documents*, including the *Code of Ethics*, which facilitate the delivery of competent and ethical patient-centred care. I understand that I am responsible for applying these standards and guidelines in my practice.
- I acknowledge and understand that in order to practise safely, I must be both competent and fit to practise. Competent – in that I have the requisite knowledge, skills and experience. Fit to practise – in that I am not impaired by some physical, mental or addiction issue that affects my ability.
- I recognize that those who, in good faith, furnish Registration-Related Information to BCCOHP in connection with my application for registration have reasonable expectations that such Registration-Related Information will be kept confidential.
- I further understand that BCCOHP may take disciplinary action against me, including action to revoke my registration, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for registration.
- I am aware of the HPA of British Columbia and the BCCOHP Bylaws and do solemnly declare that I will uphold the honour and dignity of the profession and adhere to the HPA of British Columbia and the BCCOHP Bylaws.

Attestation Statement

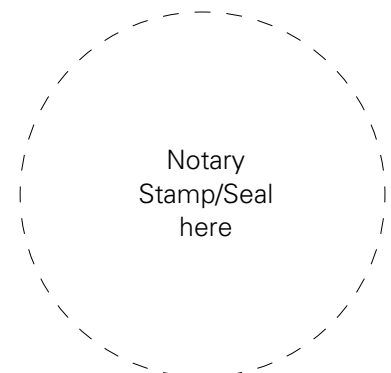
I, _____ (name of applicant), declare that the answers given to the questions in this application and the information I supplied on this application, are true, complete, and accurate in every respect, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if it were made under oath and by virtue of the *Canada Evidence Act*.

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 on page 1 of the application (where indicated), on this page and on the Statutory Declaration Form.



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



STATUTORY DECLARATION (DENTAL TECHNICIANS)

Further to my application to the British Columbia College of Oral Health Professionals for registration as a Dental Technician 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 dental technology 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.

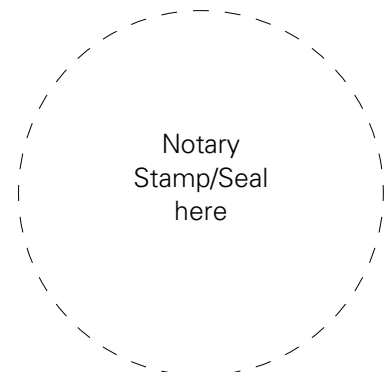
I make this solemn declaration, conscientiously believing all the above statements to be true, and knowing that it is of the same force and effect as if made under oath.

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)



THIS FORM MUST BE SIGNED AND STAMPED WITH THE NOTARY SEAL.
APPLICATION MUST BE COMPLETE, WITH PHOTO ATTACHED, PRIOR TO NOTARIZATION.

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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



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

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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.