

## APPLICATION INSTRUCTIONS FOR DENTURIST STUDENT REGISTRATION

This category is available to denturist students who are enrolled in, or within the six months prior to this application, was enrolled in a recognized denturist education program specified in BCCOHP Bylaws.

Minimum credentials required:

- Proof of current enrollment in a recognized denturist education program
- Signed mentor contract

**Note:** The student registrant may only perform a restricted activity under the direct supervision of a full denturist registrant.

### Contents

- Application for Denturist Student Registration
- Statutory Declaration Form
- Commissioner for Oaths Information Sheet
- Mentor contract

### Fees

**Application Fee** (non-refundable) \_\_\_\_\_ C\$100

**Registration Fee** (non-refundable after registration is granted) \_\_\_\_\_ C\$62

- 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

### 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.
- Have you and your mentor signed the mentor contract?

**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.**

**APPLICATION FOR DENTURIST  
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 \_\_\_\_\_

**Mentor Denturist Information**

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)**

**Denturist 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 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 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.**

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I hereby apply for Student Registration to carry out duties of denturism nature under the **direct supervision of the full denturist 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.

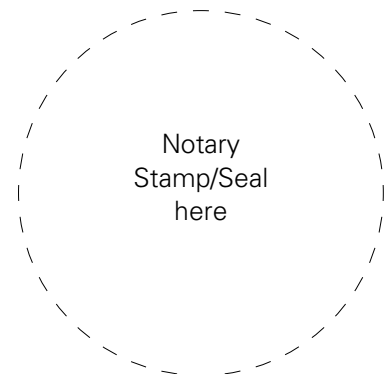
I make this solemn declaration, conscientiously believing all the above statements to be true, and knowing that it is of the same force and effect as if made under oath.

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)



**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](http://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: 3VXMYQA92C**

**Select: "Request a New Criminal Record Check"**

**Mailing Address**  
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Vancouver, BC V6J 5C6

Phone: 672.202.0448  
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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.

## MENTOR CONTRACT

**Between:**

\_\_\_\_\_ (the "Mentor") AND  
\_\_\_\_\_ (the "Student")

WHEREAS the Mentor and the student have each read sections 6.20 (1)(b) and 6.24, and Schedule E (the Internship Portfolio Requirements) of the College's bylaws (the "Bylaws");

AND the Student wishes to complete an internship portfolio as part of an application for full denturist registration, and the Mentor is prepared to assist the Student in doing so;

NOW, THEREFORE, the Mentor and Student agree as follows:

1. Upon the Student becoming an Student registrant, the Mentor and Student will enter into an arrangement providing for the Student to practice as a Student registrant under the Mentor's supervision.
2. After commencing practice as a student registrant under the Mentor's supervision, the Student will strive to complete in a timely manner all the student requirements under sections 2 through 5 of Schedule E of the Bylaws.
3. At all times while a student registrant, the Student will abide by the provisions of the *Health Professions Act*, the regulations and the Bylaws, and in particular, will practice in accordance with the limits on student practice under section 6.24(2) and (3) of the Bylaws.
4. While the Student is practicing as an student registrant under the Mentor's supervision,
  - (a) the Mentor will provide the Student with a practice environment and experience suitable for the Student to comply with paragraph 2, and
  - (b) the Mentor will not sign a Mentor Contract in support of another application for student registration.
5. The Mentor will complete a mentor assessment of the Student in accordance with the requirements of section 9 of Schedule E of the Bylaws.
6. This Mentor Contract will terminate and its provisions will have no further force and effect upon the occurrence of any one of the following:
  - (a) the cancellation of the Student's *student registration* under section 6.24(4), (5) and (6) of the Bylaws;
  - (b) the Student delivering notice of cancellation of this Mentor Contract in writing to both the Mentor and the College;
  - (c) the Mentor delivering notice of cancellation of this Mentor Contract in writing to both the Student and the College;
  - (d) the Mentor ceasing to be a registrant in good standing of the College.

**IN WITNESS THEREOF, the parties have executed this agreement as follows:**

**Date** – M/D/Y \_\_\_\_\_ **By:** \_\_\_\_\_ **the Student**

**Date** – M/D/Y \_\_\_\_\_ **By:** \_\_\_\_\_ **the Mentor**