

## 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
- Criminal Record Check Authorization
- Photo ID Notarization Form
- Commissioner for Oaths Information Sheet
- Mentor contract

### 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 and enclosed the Criminal Record Check (CRC) Authorization form? BCCOHP will forward the CRC Authorization to the Ministry of Public Safety and Solicitor General on your behalf.
- 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 Photo Identification Notarization form, along with photocopy of **two** pieces of photo ID (one primary and one secondary).
  - 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.**

## Fees

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

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

**Consent for a Criminal Record Check** \_\_\_ C\$28

**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

If paying by cheque or money order, note that the application and Criminal Record Check fees may be combined but a separate payment of the registration fee is required.

**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 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?**

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.

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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

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.

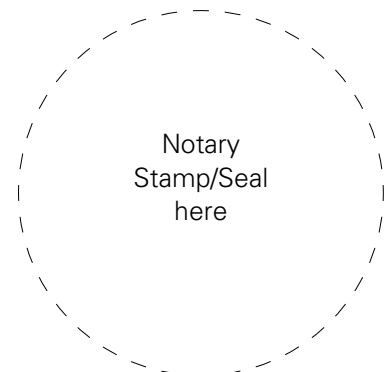
I make this solemn declaration, conscientiously believing all the above statements to be true, and knowing that it is of the same force and effect as if made under oath.

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)



BCCOHP will automatically submit CRC applications to the Ministry of Public Safety and Solicitor General on behalf of registrants/CDAs whose CRC is due to expire. In order to ensure we have the appropriate information needed for the CRC, please provide the following information which may be missing from your current file with the BCCOHP.

## CRIMINAL RECORD CHECK AUTHORIZATION

### Applicant Name

\_\_\_\_\_  
Surname First name Middle name

**Other names used or have used** (e.g. maiden name, birth name, previous married name, preferred name)

\_\_\_\_\_  
Surname First name Middle name

\_\_\_\_\_  
Surname First name Middle name

\_\_\_\_\_  
Surname First name Middle name

**B.C. Driver's Licence # (if applicable)** \_\_\_\_\_

### Consent for Release of Information and Acknowledgements

- I hereby consent to a criminal record check pursuant to the *Criminal Records Review Act (CRRRA)* to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) as defined under that Act (CRRRA check). I hereby consent to a check of available law enforcement systems as further described below, including any local police records.
- I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the Royal Canadian Mounted Police (RCMP) website: <http://www.rcmp-grc.gc.ca/en/types-criminal-background-checks>. I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity. In addition, where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar of the Criminal Records Review Program (CRRP) for review.
- The Deputy Registrar of the CRRP will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I agree to report the charge(s) or conviction(s) to my organization, in a timely manner, with a new criminal record check authorization.

**Important:** If you are charged or convicted of a criminal offense at any time after completing this annual renewal, by law you must report either a criminal charge or conviction to BCCOHP immediately.

For the purpose of completing my *CRRA* check as described above, I authorize the collection and/or consent to the disclosure of my personal information within Canada, as follows:

- Pursuant to the *Freedom of Information and Protection of Privacy Act (FoIPPA)*, I hereby consent to the disclosure by the Ministry of Public Safety and Solicitor General to the Deputy Registrar of the CRRP of my name(s), alias(es), Correctional Service Number (CS#), history of contact with BC Corrections, and my date of birth as found on the BC Corrections' client management software, CORNET.
- Pursuant to *FoIPPA*, I hereby consent to the disclosure by the Deputy Registrar of the CRRP to the Criminal Records Review Unit of the RCMP (CRRU) of my name(s), alias(es), CS#, date of birth, gender, driver's license/BCID#, and history of contact with BC Corrections. I also authorize the collection, by the CRRU and other federal government institutions under the *Privacy Act*, of the same information and of any and all personal information relating to this *CRRA* check in support of my application, for the purpose of conducting a check of criminal investigations, charges, convictions and information in police databases, including incidents that did not result in conviction. For the same purpose, I also authorize the provision to the CRRU of my personal information by all queried federal, provincial and municipal Law Enforcement Agencies in Canada as well as other authorized public bodies under *FoIPPA*.
- Pursuant to *FoIPPA*, the *Privacy Act*, and any other relevant applicable provincial and federal legislation, I hereby consent to the disclosure to the Deputy Registrar of the CRRP by the CRRU, the BC Municipal Law Enforcement Agencies as well as other authorized public body agencies of any personal information relating to my *CRRA* check. This personal information may include:
  - (a) Criminal record check or fingerprint-based criminal record verification by searching the Canadian Police Information Centre database;
  - (b) A police information check, including the Police Records Information Management Environment (PRIME-BC) and the Police Reporting and Occurrence System (PROS).
- I acknowledge that in certain instances, although no identified occurrence(s) resulted in a charge or conviction, the CRRU may assess that I pose a public safety risk and advise Security Programs Division that it will terminate its check of law enforcement systems accordingly, with the result that my *CRRA* check may not be concluded.
- In addition to the foregoing, and as may be required for the Deputy Registrar of the CRRP to make a determination pursuant to s. 4 (2) and 4 (3) *CRRA*, I further authorize the release to the Deputy Registrar of the CRRP of any documents in the custody of the police, the courts, corrections and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the *CRRA* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar of the CRRP.

**I have read and understand the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below. This consent is valid from the date signed.**

**Applicant Signature** \_\_\_\_\_ **Date – M/D/Y** \_\_\_\_\_

#### **CRRP Collection Notice**

The Security Programs Division (SPD) will collect your personal information for the purpose of fulfilling the criminal record check requirements of the *Criminal Records Review Act* and in accordance with section 26(c) and 27(1)(a)(i) and (b) of the *Freedom of Information and Protection of Privacy Act (FoIPPA)*. Additionally, SPD may collect personal information under section 26(e) and 27(1)(a)(i) and (b) of *FoIPPA* for the purpose of evaluating the Criminal Records Review Program and activities to better serve you. Should you have any questions about the collection, use, or disclosure of your personal information, please contact the Policy Analyst of the Criminal Records Review Program, Security Programs Division via mail to PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1; email to [criminalrecords@gov.bc.ca](mailto:criminalrecords@gov.bc.ca); or by telephone at 1- 855-587-0185 (option 2).

## PHOTO IDENTIFICATION NOTARIZATION FORM

Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date – M/D/Y \_\_\_\_\_

### Instructions for Notary Public

- Complete information required in 'Certification of Notary Public' box below.
- Attach a photocopy of two pieces of photo ID (one primary and one secondary).
- Notary stamp and/or seal must be directly on photocopy attached to this form. The same stamp and/or seal should be affixed in the box below.

### Certification of Notary Public

I, (name of Notary Public) \_\_\_\_\_ certify that the copy of ID attached to this page is the likeness of the applicant as named above.

DECLARED before me at the city of \_\_\_\_\_, in the province of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature and Stamp of Notary \_\_\_\_\_

**Seal or stamp required on notary signature and on attached photocopy of ID Signature alone is not sufficient.**

Notary Stamp/  
Seal here

### Examples of accepted Primary ID

- B.C. driver's licence or learner's licence
- Valid passport
- Photo BC Services Card
- BC Identity Card (BCID)
- Secure Certificate of Indian Status
- Citizenship card
- Permanent resident card
- Record of Landing / Canadian Immigration Identification Record

### Examples of accepted Secondary ID

- School Identification Card (student card)
- Bank card
- Credit card
- Birth certificate (a baptismal certificate is not acceptable)
- Canadian or U.S. driver's licence
- NEXUS card
- Canadian Forces identification
- Foreign Affairs Canada or consular identification
- Picture employee ID card
- BC Services Card (with or without photo)
- Secure Certificate of Indian Status
- Student, work, visitor or temporary resident permit
- Foreign passport



**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)



## 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**