

Mailing Address
110 - 1765 8th Ave W
Vancouver, BC V6J 5C6

Phone: 672.202.0448
Toll free: 1.888.202.0448
committees@oralhealthbc.ca
www.oralhealthbc.ca



WORKING GROUP APPLICATION FORM

Working Groups are established to work on specific projects for BCCOHP. They are temporary groups appointed to address a specific topic or issue and are made up of appropriate subject matter experts with the knowledge and expertise required for the project.

Committee and working group members are appointed by the Board. Members will be appointed based on required competencies and eligibility.

Instructions

Before starting the online application process, please make sure to read the [Guide for Committee and Working Groups](#), the [Working Group Terms of Reference](#) and the [Eligibility Policy](#).

You will need a current resume available to upload.

Please indicate which working group you are applying for.

Please tell us how you heard about this opportunity.

Applicant Information

Surname _____ First _____ Middle _____

Address _____ Phone _____

City _____ Province _____ Postal Code _____

Email _____ Confirm Email _____

Occupation (industry, job title) _____

Education _____

If you are a registrant of BCCOHP, fill out the following.

Registration/Certification number _____

Registration class _____

Graduation year _____

1. Please review the terms of reference and explain why you would make a valuable contribution to this working group.

Eligibility

Please answer the following questions to determine whether you are eligible to be on a BCCOHP Working Group. Eligibility is based on BCCOHP's Committee and Working Group Member Eligibility Policy.

2. Are you ordinarily a resident of British Columbia?

Yes No

If no, where do you reside? _____

Applicants may not be eligible for a BCCOHP Working Group if you are or have been in the three years preceding, an employee, board officer, board member, committee chair or hold any other position of responsibility at an oral health association.

3. Have you been in a position of responsibility as described above in the preceding three years?

Yes No

If yes, please provide the dates, names of organizations and title of your position.

Dates M/D/Y – M/D/Y	Name of organization	Title of your position

4. Have you been convicted of an offence in BC or another jurisdiction? Yes No

(Note: conviction of an offence does not automatically disqualify an applicant from being appointed. Each applicant's background will be considered in relation to the specific requirements of the appointment)

If yes, please explain.

If you are a BCCOHP registrant or certified dental assistant, please answer the following questions. If you are not a registrant or certified dental assistant, you can move on to Question 11.

5. Are you a registrant in good standing? Yes No

You may not be eligible for a BCCOHP Working Group if you are the subject of an ongoing investigation by the Inquiry Committee under section 33 of the Health Professions Act (the Act).

6. Do you currently have an open complaint being investigated by the Inquiry Committee? Yes No

Applicants may not be eligible for a BCCOHP Working Group if you are the subject of a hearing, either pending or underway, in BC or in another jurisdiction that could result in your entitlement to practice as a health professional being cancelled, revoked or suspended for any reasons other than late payment or non-payment of fees.

7. Are you the subject of a hearing as described above? Yes No

8. Have you been given an undertaking or consent under section 36 of the Act? Yes No

You may not be eligible if you are named in a consent order under section 37.1 of the Act or an order under section 39 of the Act.

9. Have you been named in a consent order as described above? Yes No

10. Are you in default of a payment of any fine, fee, debt or levy owing to BCCOHP? Yes No

11. Are you a member of any *other* health regulatory college? Yes No

If yes, please indicate which College _____

Applicants may not be eligible for a BCCOHP Working Group if you are the subject of a hearing, either pending or underway, in BC or in another jurisdiction that could result in your entitlement to practice as a health professional being cancelled.

12. Are you available for a one-year commitment?

Yes No

Typically, working group meetings take place during the week either during the workday or in the afternoon. BCCOHP working groups may meet as often as once per month depending on the working group. Please indicate all your availability.

Morning meetings Afternoon Meetings Evening meetings (4pm-6pm range)

Conflict of Interest

A conflict of interest is a situation in which a person has multiple interests, financial or otherwise, and serving one interest could be working against another. Good governance requires a solid understanding of real or perceived conflicts of interest. As a regulator, it is important to identify and manage conflicts, and for decision-makers to participate objectively. Please download and complete a [Declaration of Interest form \(PDF\)](#) to state any other interests you may have.

13. Are you a member of any other advocacy organizations or associations (besides an oral health representative organization/association)

Yes No

If yes, please provide dates, names of organizations and title of your position.

Dates M/D/Y – M/D/Y	Name of organization	Title of your position

14. In the future, would you like to be considered for any other committees or working groups?

Yes No

If yes, BCCOHP may keep your application on file and consider it for vacancies on other committees or working groups that may require your expertise. Which other committees or working groups are you interested in and will you bring any other specific expertise to those committees or working groups?

Applicant name _____

Applicant signature _____ **Date – M/D/Y** _____

Privacy Notice and Consent

The BC College of Oral Health Professionals is committed to protecting the privacy of the public, its oral health professionals and its staff.

BCCOHP's Privacy Policy ([Privacy Policy | British Columbia College of Oral Health Professionals \(oralhealthbc.ca\)](#)) sets out the commitments we make and principles we follow when dealing with personal information. We understand the importance of maintaining privacy and are committed to collecting and using your personal information responsibly.

Personal Information is any identifiable information about any individual. This information can include: name, home address, telephone number, fax number, email address, gender, marital status, date of birth, dental records, etc. The personal information you provide when submitting this application form to BCCOHP will be used by BCCOHP to assess your qualifications and suitability for BCCOHP's committees and/or working groups. The information you provide when submitting the application may be disclosed by BCCOHP to others, but only for the purpose of appointing a committee or working group or as authorized by law.

Please check the box below to confirm that you have read and understand the privacy policy and that you consent to the disclosure of your personal information as described above.

Consent

I have read and understood the privacy policy and consent to the disclosure of my personal information as described above.

Please save this application form and the Declaration of Interest form and submit both with your resume to: committees@oralhealthbc.ca

Thank you for your interest in applying to become a working group member with the BC College of Oral Health Professionals. We appreciate the time and effort you have put into your submission.

The Nomination & Appointment Committee will be reviewing all the applications and trying to match individuals with the right skills, knowledge and experience for the specific working group. You will be notified if you have been selected.