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

BCCOHP | British Columbia College of Oral Health Professionals

CERTIFIED DENTAL ASSISTANT (CDA) – APPLICATION INSTRUCTIONS FOR TEMPORARY OR LIMITED CDAs TO APPLY FOR FULL CDA

This application is for those who hold current Limited or Temporary CDA certification and meet the requirements for Full CDA Certification.

Contents

- Application for Limited or Temporary CDA to Full Certified Dental Assistant
- Statutory Declaration Form

Checklist

- ☐ Have you answered all questions on the application form?
- ☐ Have you enclosed a copy of name change documents if your name has changed?
- ☐ Have you provided any supporting documents* required to apply for Full Certification?
- ☐ Have you signed the application?

* To **apply for Full CDA Certification from Temporary Certification**, notarized proof of successful completion of the NDAEB must be provided (ie. a notarized copy of NDAEB certificate, or a notarized copy of completion letter with certificate number from NDAEB).

* To **apply for Full CDA Certification from Limited Certification**, a notarized copy of proof of successful completion of additional skills must be provided.

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

Certification Fees

Certification Fee (non-refundable after certification is granted)

If certification is finalized between April 1 – September 30 _____ C$158

Half year pro-ration if certification is finalized between October 1 – March 31 _____ C$85

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 certification 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
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***For reinstatement of lapsed certification (less than 60 days), reinstatement fee of $83 will be added to the invoice**

PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.

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APPLICATION FOR FULL CERTIFIED DENTAL ASSISTANT

Current Certification Class – Select one only

☐ Limited Certification ☐ Temporary Certification

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

BCCOHP Certification Number _____

The BCCOHP Bylaws require a valid email address, individual to the applicant, for the purpose of receiving communications from the college to the applicant, and without limitation, all other personal contact, business contact or emergency contact information for the applicant that the registration committee reasonably requires in the circumstances.

Home

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

Address _____ Phone _____

City _____ Cell _____

Province _____ Postal Code _____

Main Email (for confidential information from BCCOHP) _____

Practice (if applicable) – Submit any additional practice address(es) on a separate sheet

Address _____ Phone _____

City _____ Province _____

Postal Code _____ Email _____

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*.

Authorization and Oath

- I am applying to be certified as a full certified dental assistant with the BC College of Oral Health Professionals ("BCCOHP") pursuant to the Bylaws made under the *Health Professions Act* (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 "Certification-Related Information"), and to then consider and use the Certification-Related Information, all for the sole purpose of determining my fitness for certification as a full certified dental assistant in British Columbia.
- I have read and understood BCCOHP's *professional and practice standards*, which facilitate the delivery of competent and ethical patient-centred care. I understand that I am responsible for applying these 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 Certification-Related Information to BCCOHP in connection with my application for certification have reasonable expectations that such Certification-Related Information will be kept confidential.
- I further understand that BCCOHP may take disciplinary action against me, including action to revoke my certification, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for registration.

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

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STATUTORY DECLARATION (CERTIFIED DENTAL ASSISTANT)

Further to my application to the British Columbia College of Oral Health Professionals for certification as a full certified dental assistant, 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 certified dental assistant 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 certification with the BCCOHP.
4. I will promptly notify the BCCOHP of any complaint, investigation, review or disciplinary proceeding that may affect my certification, registration or licensure to provide the services of a certified dental assistant or for the practice of a regulated profession in British Columbia or any other jurisdiction, and will divulge any relevant information requested by the BCCOHP.
5. All information provided in my application for certification is true and complete.
6. I understand that the submission of false or incomplete information in support of an application for certification constitutes professional misconduct and may result in cancellation of certification.

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 _____ **Date** – M/D/Y _____

MAKE SURE YOU HAVE SIGNED THIS FORM.