

## COMMITTEE MEMBER APPLICATION FORM

BCCOHP has five committees organized into two types: regulatory and Board committees.

BCCOHP's committees are established by and accountable to the Board. Each committee has specific duties and responsibilities that help the Board meet its responsibility for ensuring that the organization's mandate – regulation of oral health care in the public interest – is carried out effectively and efficiently on behalf of British Columbians. Committee members collaborate with professional staff to achieve this.

Committees are comprised of both members of the public and licensees regulated by BCCOHP, each appointed for a two or three-year term.

We are committed to building committees that reflect diverse lived experience, perspectives, and expertise. In support of this commitment, we encourage applications from individuals who identify as Indigenous, members of racialized communities, 2SLGBTQIA+ individuals, people with lived

experience of disability or of supporting and accommodating diverse abilities; individuals from under-represented socio-economic backgrounds; and others whose voices are often excluded from governance and regulatory spaces.

The Board will seek to fill the available positions on each committee based on each applicant's skills, knowledge, experience and area of interest. This opportunity is open to both public members and licensees regulated by BCCOHP.

### Instructions

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

**You will need a current resume available to upload.**

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### Please indicate which BCCOHP committee(s) you are interested in applying for.

(include first and second choice, if applicable).

- Accreditation Committee     Finance and Audit Committee     Investigation Committee  
 Licence Committee     Permit Committee

If you selected two committees, please indicate your first choice here.

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### Please tell us how you heard about this opportunity.

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## Applicant Information

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Confirm Email \_\_\_\_\_

Occupation (industry, job title) \_\_\_\_\_

Education \_\_\_\_\_

### Increasing Indigenous participation in BCCOHP committees

The Board oversees the committee member recruitment process and encourages applications from individuals who identify as Indigenous..

All board and committee members who identify as Indigenous have the opportunity to participate in a supportive Community of Practice that is led by and for Indigenous people. This community is specifically for Indigenous people who hold positions on boards and committees in BC's health professions regulatory colleges. It recognizes that having Indigenous people in leadership and decision-making roles is essential to reclaim the health and wellness of Indigenous people.

#### Do you identify as Indigenous (defined as First Nations, Métis or Inuit)?

Yes  No  Prefer not to answer

*Please note that this information is collected only for the purposes of recruitment of Indigenous committee members by BCCOHP's Nomination and Appointment Committee and to measure and report on our progress towards increasing Indigenous representation at the governance level. It will be not be used for any other purpose.*

#### If you are a licensee, fill out the following.

Registration number \_\_\_\_\_

Registration class \_\_\_\_\_

Graduation year \_\_\_\_\_

#### 1. Please review the ***terms of reference*** for the committee(s) you listed above and explain why you would make a valuable contribution to the committee(s).

## Eligibility

Please answer the following questions to determine whether you are eligible to be on a BCCOHP Committee. Eligibility is based on the Committee and Advisory 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 Committee 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/Y – M/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 an oral health professional regulated by BCCOHP, please answer the following questions.  
If you are not an oral health professional, you can move on to Question 11.

**5. Are you an oral health professional in good standing?**

Yes  No

You may not be eligible for a BCCOHP Committee 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 Committee 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 entered into an undertaking or consent order 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 regulated professional?**

Yes  No

If yes, please indicate which profession/regulatory body \_\_\_\_\_

*Applicants may not be eligible for a BCCOHP Committee 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 practise as a regulated professional being cancelled.*

**12. Are you able to commit for up to three years?**

Yes  No

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

Morning meetings

Afternoon meetings

Evening meetings (4 p.m. - 6 p.m. 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. Candidates who are being considered for a committee membership appointment will be asked to complete a Declaration of Interests form before their appointment is confirmed.

**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/Y – M/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 submit with your resume to: [committees@oralhealthbc.ca](mailto:committees@oralhealthbc.ca)**

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

*You will be notified if you have been selected.*