

APPLICATION INSTRUCTIONS FOR LICENSED DENTAL ASSISTANT

This application is for those who hold current licence as a Limited or Temporary Licensed Dental Assistant and meet the requirements for licence as a Licensed Dental Assistant.

Contents

- Application for Limited or Temporary LDA to Licensed 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 licence as a Licensed Dental Assistant?
- Have you signed the application?

* For **Temporary LDA**, 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).

* For **Limited LDA**, 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.

Licence Fees

Licence Fee

(non-refundable after licence is granted)

If licence is finalized between

April 1 – September 30 _____ C\$166

Half year pro-ration if licence is finalized between

October 1 – March 31 _____ C\$89

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 licence 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
Vancouver, BC V6J 5C6

PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.

APPLICATION FOR LICENSED DENTAL ASSISTANT

Current Licence Class – Select one only

LDA – Limited LDA – Temporary

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 Licence 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 and Occupations Act* (the “HPOA”). 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 HPOA, FOIPPA, and other applicable laws.

Some of the information BCCOHP collects must be publicly accessible pursuant to the HPOA.

Authorization and Oath

- I am applying to be a licensed dental assistant with the BC College of Oral Health Professionals (“BCCOHP”) pursuant to the Bylaws made under the *Health Professions and Occupations Act* (the “HPOA”). 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 “Licensure-Related Information”), and to then consider and use the Licensure-Related Information, all for the sole purpose of determining my fitness for licence as a licensed dental assistant in British Columbia.
- I have read and understood BCCOHP’s *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 I must be fit to practise a designated health profession in that I have both the competence and capacity to practise the designated health profession: **competent** in that I have the requisite knowledge, skills, ability and judgement to practise the designated health profession ethically, safely and in accordance with all applicable ethics standards and practice standards; and **capacity** in that my competence to practise is not unduly impaired by a health condition. A health condition includes a physical, cognitive or mental health condition or ailment or an emotional disturbance.
- I recognize that those who, in good faith, furnish Licensure-Related Information to BCCOHP in connection with my application for licensing have reasonable expectations that such Licensure-Related Information will be kept confidential.
- I further understand that BCCOHP may take disciplinary action against me, including action to revoke my licence, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application for licence.

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

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



STATUTORY DECLARATION (LICENSED DENTAL ASSISTANT)

Further to my application to the British Columbia College of Oral Health Professionals for licensing as a Licensed Dental Assistant, I (name of applicant) _____
solemnly declare the following:

1. I understand that I must remain at all times in compliance with the Licensed Dental Assistant Bylaws of the British Columbia College of Oral Health Professionals and the ethics standards and practice standards relevant to practise as a Licensed Dental Assistant in Schedule "B" of the Bylaws of the BCCOHP under the *Health Professions and Occupations Act*.
2. I am a person of good character, meeting the ethical qualities expected of a Licensed 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 a licence with the BCCOHP.
4. I will promptly notify the BCCOHP of any complaint, investigation, review or disciplinary proceeding that may affect my authority to provide the services of a licensed or certified dental assistant or for the practice of a regulated profession in British Columbia or any other jurisdiction, and will provide any relevant information requested by the BCCOHP.
5. All information provided in my application for a licence is true and complete.
6. I understand that the submission of false or incomplete information in support of an application for a licence constitutes professional misconduct and may result in cancellation of the licence.

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.