



Saskatchewan Dental Therapists Association

2015 Membership Application

(February 1, 2015-January 31, 2016)

Membership

- Practicing (license)*
- Clinical restorative practice \$ 545.00 (after July 31, 2015 - \$467.00)
- Public health preventive practice \$ 427.00 (after July 31, 2015 - \$396.20)
- Non-Practicing Membership \$ 100.00
- Affiliate \$ 30.00

* A copy of your membership application will be forwarded to PBL Insurance Limited and a certificate of insurance will be issued. Insurance coverage of \$1 million per loss; \$2 million per policy period.

Personal Information

Name*: _____ Nee: _____

Address: _____ Postal Code: _____

Telephone: Home: _____ Work: _____

Fax: _____ E-mail: _____

- I consent to have my name, address, phone number and email address published in the SDTA Annual Directory.
- I consent to the Saskatchewan Dental Therapists Association sending me emails pertaining to continuing education notices, career opportunities as well as other correspondence relating to the profession of dental therapy and the association. Your email address will not be share with a third party. I understand that I can unsubscribe from receiving such materials at any time by contacting the SDTA at sdta@sasktel.net.

* Proof of name change is required if present name differs from name on last license.

Education/Qualifications (complete if information is different than previous year)

	<u>Year of Graduation</u>	
Dental Therapist: _____		Ortho Module: _____
Dental Assistant: _____		Permanent Extraction: _____
Dental Hygienist: _____		Other: _____

Employer Information

Name of Employer: _____

Name of Consulting Dentist (required): _____

Address: _____

City: _____ Postal Code: _____

Full-time: _____ Hours per week: _____

Part-time: _____ Hours per week: _____

All career opportunities can be found at www.sdta.ca.

(over)

Declaration

Within the past year:

Have you been the subject of any investigations, reviews, disciplinary hearings or proceedings (including criminal proceedings) in any province, territory, state or country?

No Yes If yes, please explain: _____

Have you ever been convicted of an offense under the Criminal Code (Canada), the Food and Drug Act (Canada), the Controlled Drugs and Substance Act (Canada) or any other similar legislation in any province, territory, state or country?

No Yes If yes, please explain: _____

Insurance Declaration

In the past, have you ever been the recipient of any allegations of professional negligence in writing or verbally?

No Yes

Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above?

No Yes

Have you had insurance declined or had a renewal of insurance refused in the past five years?

No Yes

If YES, to any of the above, please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The province is divided up into the following SDTA regions. Please indicate your region of choice:

- | | | |
|---|--|--|
| <input type="checkbox"/> Carlyle/Estevan | <input type="checkbox"/> Moose Jaw | <input type="checkbox"/> Saskatoon |
| <input type="checkbox"/> North Battleford | <input type="checkbox"/> Prince Albert | <input type="checkbox"/> Swift Current |
| <input type="checkbox"/> Northern Health | <input type="checkbox"/> Regina | <input type="checkbox"/> Yorkton |

For statistical purposes please indicate which of the following health regions you reside in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input type="checkbox"/> Regina/Qu'Appelle |
| <input type="checkbox"/> Five Hills | <input type="checkbox"/> Mamawetan Churchill River | <input type="checkbox"/> Saskatoon |
| <input type="checkbox"/> Heartland | <input type="checkbox"/> Prairie North | <input type="checkbox"/> Sun Country |
| <input type="checkbox"/> Keewatin Yatthe | <input type="checkbox"/> Prince Albert Parkland | <input type="checkbox"/> Sunrise |

All members are required to comply with The Dental Disciplines Act and The Saskatchewan Dental Therapists Association Bylaws.

X _____
Signature of Applicant Date

Make cheque or money order payable to Saskatchewan Dental Therapists Association. A postdated cheque dated January 31, 2015 will be accepted. Memberships will be valid until January 31, 2016. The SDTA also accepts e-Transfers. Contact the SDTA by email if you need further assistance.

Mail to: Saskatchewan Dental Therapists Association
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E-mail: sdta@sasktel.net Website: www.sdta.ca