Saskatchewan Dental Therapists Association
2020 Membership Application

(February 1, 2020-January 31, 2021)

Membership

☐	Practicing (license)*	
☐	Clinical Restorative Practice	$ 695.00
☐	Public Health Preventive Practice	$ .00
☐	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 $1,000,000 per claim limit and $2,000,000 aggregate limit.

Personal Information

Name*: _____

Address: _____ Postal Code: _____

Telephone: Home or cell: _____ Work: _____

E-mail: _____

☐ I consent to the Saskatchewan Dental Therapists Association sending me emails pertaining to the SDTA newsletter, SDTA Annual Conference, 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 shared 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.
* Licensed members name will be posted on the SDTA website

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

Year of Completion

Ortho Module: _____

Permanent Extraction: _____

Space maintenance: _____

Other: _____

Employer Information

Name of Employer: _____

Name of Consulting Dentist (required): _____

Address: _____

City: _____ Postal Code: _____

Community in which you practice dental therapy: _____

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 two years 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: _____

Within the past two years 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: _____

During the past two calendar years, have you been diagnosed or been treated for drug or alcohol addiction?
☐ No ☐ Yes If yes, please explain: _____

Have you been diagnosed with a blood borne communicable disease (including but not limited to Hepatitis B, Hepatitis C, HIV and AIDS) which, by its nature, could place your patients at risk if there were an inadvertent exposure?
☐ No ☐ Yes If yes, please explain: _____

During the past two calendar years, have you suffered from any mental health condition that may limit your ability to practice or pose a risk of harm to patients? ☐ No ☐ Yes If yes, please explain: _____

During the past two calendar years, have you suffered from any physical health condition that may limit your ability to practice or pose a risk of harm to patients? ☐ 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 If yes, please attach details.

Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above?
☐ No ☐ Yes If yes, please attach details.

Have you had insurance declined or had a renewal of insurance refused in the past five years?
☐ No ☐ Yes If yes, 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:

☐ Carlyle/Estevan	☐ Moose Jaw	☐ Saskatoon
☐ North Battleford	☐ Prince Albert	☐ Swift Current
☐ Northern Health	☐ Regina	☐ Yorkton

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, 2020 will be accepted. Memberships will be valid until January 31, 2021. The SDTA also accepts e-transfers.

Mail to: SASKATCHEWAN DENTAL THERAPISTS ASSOCIATION
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E-mail: sdta@sasktel.net Website: www.sdta.ca