



Saskatchewan Dental Therapists Association

2023 Membership Application

(February 1, 2023-January 31, 2024)

Membership

Full Practicing Membership (license)*	
Clinical Restorative Practice	\$ 770.00
Public Health Preventive Practice	\$ 613.00
Non-Practicing Membership	\$ 100.00
Affiliate	\$ 50.00

*Your membership information will be forwarded to NFP Canada Corp. 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 names will be posted on the SDTA Website

Employer Information

Name of Employer:

Name of Consulting Dentists (required):

Address:

City:

Postal Code:

Community in which you practice dental therapy?

Full-time

hours per week

Part-time

hours per week

Career opportunities can be found at www.sdta.ca

With respect to Covid-19, are you following the current Government Regulations?

Yes No. If yes, please explain.

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?
Yes No. If yes, please explain.

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

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

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

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

Deadline for membership renewals is January 15, 2023. Renewals after January 15, 2023, will be subject to a \$250.00 late fee.

Make a cheque or money order payable to Saskatchewan Dental Therapists Association. E-transfers can be sent to sdta@sasktel.net. Memberships will be valid until January 31, 2024.

SASKATCHEWAN DENTAL THERAPISTS ASSOCIATION

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