



Saskatchewan Dental Therapists Association Registration Form

I. PERSONAL DATA

Name*: _____ Nee: _____

Address: _____
_____ (postal code)

Telephone: home: () _____ work: () _____

Fax: () _____ Email: _____

Date of Birth: _____

*Proof of name change is required if present name differs graduation certificate or transcript of marks.

II. EDUCATION QUALIFICATION

Dental Therapy: School: _____

Address: _____

Dates attended: _____

III. EXPERIENCE

List employers and dates of employment since graduation from Dental Therapy.

Name: _____ Name: _____

Address: _____ Address: _____

Dates of Employment: _____ Dates of Employment: _____

IV. REFERENCES

Name: _____

Address: _____

Occupation: _____ phone: _____

Name: _____

Address: _____

Occupation: _____ phone: _____

Name: _____

Address: _____

Occupation: _____ phone: _____

V. DOCUMENTATION

- A) Attach a copy of your certificate of graduation or transcript of marks from graduating school of Dental Therapy.
- B) Proof of name change if applicable.
- C) If you have not graduated within the past three years, include documentation that you have legally provided dental therapy services for at least 60 days in the last 5-year period.
- D) Letter of good standing from your most recent dental therapy employer and regulating authority if applicable.
- E) Documents relating to your continuing education activities for the last three years.

VI. DECLARATION

Are you currently the subject of any investigations, reviews, disciplinary hearings or proceedings (pertaining to a dental profession) in any province, territory, state, country or elsewhere?

No Yes If yes, please explain: _____

Has any registration, certificate, diploma and/or license entitling you to practice a dental profession in any province, territory, state, country or elsewhere ever been denied, limited, restricted, suspended or cancelled?

No Yes If yes, please explain: _____

Have you ever had a finding in the nature of professional misconduct, unskilled practice, incompetence or incapacity, or a like finding, made against you in any province, territory, state, country or elsewhere as a dental therapist or in a profession other than dental therapy?

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, country or elsewhere?

No Yes If yes, please explain: _____

Have you ever previously applied for registration with the Saskatchewan Dental Therapists Association?

No Yes

Are you interested in the SDTA Mentorship Program or would you like information on the program?

No Yes

I declare that the above statements made are to the best of my knowledge true and correct.

X _____
Signature of Applicant

Date

Mail completed form with \$50.00 registration fee (cheque, money order or email transfer) to:

Saskatchewan Dental Therapists Association
P.O. Box 360 2364 Proton Ave. Gull Lake, SK S0N 1A0
Phone: (306)672-3699 Fax: (306)672-3619
Email: sdta@sasktel.net