



Saskatchewan Dental Therapists Association 2024 Application for License

(February 1, 2024-January 31, 2025)

Categories of Licensure

Practicing License

Clinical Restorative Practice \$ 788.32 (*includes mandatory insurance)

Public Health Preventive Practice \$ 620.84 *(includes mandatory insurance)

Non-Practicing License \$ 100.00

*Your licensee 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. The insurance premium increased by 7% for 2024 and is included in the practicing license fees.

Affiliate \$ 30.00

(Affiliates shall receive publications of the Association.)

Personal Information

Name*: _____

Address: _____

Town/City: _____ Province: _____ 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. My e-mail 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.

* Licensee names will be posted on the SDTA website

Employer Information

Name of Employer: _____

Name of Consulting Dentist (required): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Community in which you practice dental therapy: _____

Full-time: Hours per week: _____

Part-time: Hours per week: _____

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

Yes No If no, 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? 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 registrants are required to comply with The Dental Disciplines Act and The Saskatchewan Dental Therapists Association Bylaws. Please review the Scope of Practice Document available at www.sdta.ca

X _____
Signature of Applicant Date

Deadline for license renewals is January 15, 2024. Renewals after January 15, 2024 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. Licenses will be valid until January 31, 2025.