



# Saskatchewan Dental Therapists Association

## New Registrant - Annual Licence Application Form

(License Year: February 1 2026 - January 31 2027)

### A. Demographic/Contact Information:

Last Name:

First Name:

Date of Birth:

Registrant ID:

**Office Use Only**

Address:

(apt#/street#/box# & street name)

City/Town:

Prov:

Postal Code:

Email:

Phone:

### B. Licence Information:      Annual Fee

Full Practicing Licence    **\$ 1277.72/yr** (\$1000 licensing fee, \$255 insurance premium, \$7 legal assistance by phone, and PST \$15.72)

Non-Practicing Licence    **\$ 250.00/yr**

Licence year is February 1 to January 31. If you are applying for a new licence (not renewing) on or after February 1 but on or before June 30, the full annual SDTA fee and insurance fees must be paid. If you are applying for a new licence (not renewing) on or after July 1, 50% of the annual fee (\$500) and 60% of the insurance fees (\$169.60) for a total of \$669.60 must be paid.

Your licensee information will be forwarded to NFP/Aon Canada Corp. A certificate of insurance will be issued. Insurance coverage is limited to \$1,000,000 per LOSS and \$2,000,000 annual aggregate. **All non-insurance fees are set by the SDTA Council and are subject to change.**

*I consent to the Saskatchewan Dental Therapists Association sending me emails pertaining to continuing education notices, 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.*

### C. Employer Information

Employer Name:

Address:

(apt#/street#/box# & street name)

City/Town:

Prov:

Postal Code:

### Consulting Dentist Information

Consulting Dentist Name:

Email:

Phone:

**D. Declaration Information**

Declarations	Yes	No
Within the past two years have you been the subject of any investigations, reviews, disciplinary hearings or proceedings (pertaining to the dental profession) in any province, territory, state, country?	<input type="radio"/>	<input type="radio"/>
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, country?	<input type="radio"/>	<input type="radio"/>
During the past two calendar years, have you ever been diagnosed or been treated for drug or alcohol addiction?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
<b>If you answered "Yes" to any of the above declarations, please provide more detail below.</b>		
Insurance Declarations	Yes	No
In the past, have you ever been the recipient of any allegations of professional negligence in writing or verbally?	<input type="radio"/>	<input type="radio"/>
Are you aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above?	<input type="radio"/>	<input type="radio"/>
Have you had insurance declined or had a renewal of insurance refused in the past five years?	<input type="radio"/>	<input type="radio"/>
<b>If you answered "Yes" to any of the above declarations, please provide more detail below.</b>		

**Note regarding Insurance Declarations:** 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 THEREFORE IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

**E. Signature**

All registrants are required to comply with the Saskatchewan Dental Disciplines Act and the Saskatchewan Dental Therapists Association Regulatory and Administrative Bylaws available at [www.sdta.ca](http://www.sdta.ca).

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

Signature of Applicant

Date

**Instructions**

1. Complete the form, sign and date the form.
2. Mail or email the completed form, along with payment of licence fees and insurance premiums to the SDTA. Cheque or money order payable to the Saskatchewan Dental Therapists Association. If paying by e-transfer, make payment to [contact@sdta.ca](mailto:contact@sdta.ca). Payment by credit card not available.
3. **Deadline for licence renewals is January 15, 2026. Renewals received after January 15, 2026 up to and including January 31, 2026 are subject to a late fee of \$250. Registrants will be struck from the registry effective February 1, 2026 if forms and payment have not been received as of February 1, 2026.**

**Mailing Address:**  
 Saskatchewan Dental Therapists Association  
 PO Box RPO 26064 Lawson Heights  
 Saskatoon SK S7K8C1

**Email:**  
[contact@sdta.ca](mailto:contact@sdta.ca)