



Saskatchewan Dental Therapists Association License Application Form Instructions

NOTE: SAVE THE FORM TO YOUR COMPUTER FIRST BEFORE MAKING CHANGES

When applying for a license, dental therapists must first be registered with the SDTA in accordance with the Dental Disciplines Act and SDTA bylaws and pay the fee as indicated on the application.

General Navigation

- Use the Tab key to move from field to field
- Text field content will shrink to fit the box
- Use <Enter> to move to the next line to enter more text (in some fields)
- In date fields such as date of birth, select the date from the calendar drop down
- The Registrant # field is for internal, future use only.

Clear Form Button

- Use this button to clear all fields from the form, with the exception of Last and First Name, all Address fields, Phone, Email
- This allows you to save the form, clear it and enter the new information the next time is it needed without having to re-enter these fields.
- This button does not print on the form when printed.

Names (mandatory)

- Enter your last name, first name and previous name (if applicable)
- If your name differs from what SDTA has on file, you must provide proof of official name change.

Address (mandatory)

- Enter your street address including apartment/house number, and street name
- Enter the city/town name
- Select the province from the drop-down list
- Enter your postal code in A9A 9A9 format (you will get an error message otherwise)

Phone (mandatory)

- Enter the 10 digits of your phone number including the area code. Do not enter anything other than the 10 digits.
- Use the best number at which you may be contacted

Email (mandatory)

- Enter an email address

Licensure Category

- Select the category of license you are applying for. If applying for a Practicing License, select the appropriate type of practicing license.

Consent

- Check the consent box if you agree to receive email communications from the SDTA.

EMPLOYMENT

- Enter your current employment information.

DECLARATIONS

- For each of the six (6) SDTA declarations and three (3) insurance declarations, select the appropriate radio button (Yes or No). If you reply yes, further detail is required.
- The detail boxes allow you to type as much detail as required. The text will shrink as needed in order to fit the box. Press Enter to move to another line.

Read the Note regarding the insurance declarations.

Select the community in which you prefer to practice dental therapy regardless of where you may currently be working. This allows SDTA to help employers find dental therapists in a particular region.

Signature (mandatory)

- Type in your name if submitting electronically using the email button, otherwise print the form, sign and send in via mail or email as an attachment.

Date (mandatory)

- Enter the date on which you are submitting this form

Once the form is complete, save it to your computer/device, print and mail or email it to the office along with all supporting documentation and license fee. Use the "Email Form SDTA" Button if you want to email it directly from the form. MS Outlook will launch. You can select another email service such as Gmail from the drop down.