Saskatchewan Dental Therapists Association
Registration Application Form Instructions
NOTE: SAVE THE FORM TO YOUR COMPUTER FIRST BEFORE MAKING CHANGES

In order to practice dental therapy in the province of Saskatchewan, dental therapists must be registered and hold a license with the Saskatchewan Dental Therapists Association (SDTA).

All persons applying for registration with the SDTA must have successfully completed an educational program in dental therapy recognized by the SDTA council, pay the prescribed fee as indicated on this form and be of good character. They must also provide evidence that they are applying for registration within three (3) years of graduation or have legally provided dental therapy services for at least 60 days in the last five (5)-year period.

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.

Names (mandatory)
- Enter your last name, first name and previous name (if applicable)
- If your name differs from your education credentials 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

EDUCATION
- Enter the institution name from where you received your formal education
- Enter the address of that institution
- Enter the from and to dates of your education, month and year are only required (use the date drop down option, select any day within the month/year as the form will merely return the month and year)

EMPLOYMENT
- Enter any relevant employment history since your formal graduation. If you require additional space, do not submit another registration form. Simply provide

another electronic document such as Word or .pdf with the details and include it with your submission.

REFERENCES
- Enter the name, occupation, phone and email address of three references

DECLARATIONS
- For each of the eight 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 bit the box.

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 registration 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.