Saskatchewan Dental Therapists Association

Annual License Application Form

(License Year: February 1 2024 - January 31 2025)

REGISTRANT #

For Future Use

Last Name:

First Name:

Nee/Previous Name*:
(if applicable)

Date of Birth:

Note: *Proof of name change is required if your current name differs from the name on your recent SDTA registration or on your previous SDTA license. Licensee names will be posted the association website.*

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

City/Town:

Prov:

Postal Code:

Phone:

Email:

Licensure Category:
(select one)

		Annual Fee
☐	Practicing License	
	◯ Clinical Restorative Practice	$ 788.32/yr (*includes mandatory insurance) *If applying after Aug 1, the fee is $425.96*
	◯ Public Health Preventive Practice	$ 620.84/yr (*includes mandatory insurance)
☐	Non-Practicing License	$ 100.00/yr
☐	Affiliate License	$ 30.00/yr

**Your licensee information will be forwarded to NFP Canada Corp. 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 is included in the practicing license fees.*
All membership 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, 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.*

EMPLOYMENT

Employer Name:

Consulting Dentist Name:

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

City/Town:

Prov:

Postal Code:

Phone:

Email:

Community in which you practice dental therapy:

◯ Full-time ◯ Part-time

Total hours per week:

DECLARATION

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?

◯ No ◯ Yes   If **yes** please provide more detail:

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?

◯ No ◯ Yes   If **yes** please provide more detail:

During the past two calendar years, have you ever been diagnosed or been treated for drug or alcohol addiction?

◯ No ◯ Yes   If **yes** please provide more detail:

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 provide more detail:

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 provide more detail:

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 provide more detail:

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 provide more detail:

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 provide more detail:

Have you had insurance declined or had a renewal of insurance refused in the past five years?

◯ No ◯ Yes   If **yes** please provide more detail:

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 THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.*

Please indicate your preferred region of choice in which to practice dental therapy:

- [ ] Carlyle/Estevan
- [ ] Moose Jaw
- [ ] North Battleford
- [ ] Northern Health
- [ ] Prince Albert
- [ ] Regina
- [ ] Saskatoon
- [ ] Swift Current
- [ ] 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

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

Signature of Applicant

Date

INSTRUCTIONS

- i. *Complete the form in its entirety.*
- ii. *Provide proof of name change if applicable.*
- iii. *Mail or Email completed form with your license fee to the SDTA. Make a cheque or money order payable to the Saskatchewan Dental Therapy Association. E-transfers may be sent to contact@sdta.ca Licenses are valid until January 31st, 2026.*

Deadline for license renewals is January 15, 2025. Renewals received after this date are subject to a $250 late fee.

Mailing Address

Saskatchewan Dental Therapists Association
PO BOX 37186
REGINA SK S4S 7K4

Email:

contact@sdta.ca

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