Saskatchewan Dental Therapists Association

Registration Form

REGISTRANT #

For Office Use Only

Last Name: | First Name:

Nee/Previous Name*: (if applicable) | Date of Birth:

***Note:** Proof of name change is required if current name differs from graduation degree or official transcript of marks.*

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

City/Town: | Prov: SK - Saskatchewan | Postal Code:

Phone: | Email:

EDUCATION

Enter the details of the post-secondary institution from which you received your dental therapy education.

Institution Name:

Address:

Attended From Date: (MON-YYYY) | Attended To Date: (MON-YYYY)

EMPLOYMENT

List employers and dates of employment since graduation from Dental Therapy (use another form if more space needed)

Employer Name:

Address:

Employment Start Date: (MON-YYYY) | Employment End Date: (MON-YYYY)

Employer Name:

Address:

Employment Start Date: (MON-YYYY) | Employment End Date: (MON-YYYY)

REFERENCES

Reference Name:

Occupation:

Phone: Email:

Reference Name:

Occupation:

Phone: Email:

Reference Name:

Occupation:

Phone: Email:

DECLARATION

Are you currently the subject of any investigations, reviews, disciplinary hearings or proceedings (pertaining to a dental profession) in any province, territory, state, country or elsewhere?

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

Has any registration, certificate, diploma and/or license entitling you to practice a dental profession in any province, territory, state, country or elsewhere ever been denied, limited, restricted, suspended or cancelled?

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

Have you ever been diagnosed or 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:

DECLARATION Cont'd

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:

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:

Have you ever had a finding in the nature of professional misconduct, unskilled practice, incompetence or incapacity, or a like finding, made against you in any province, territory, state, country or elsewhere as a dental therapist or in a profession other than dental therapy?

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

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 or elsewhere?

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

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

Signature of Applicant

Date

INSTRUCTIONS

i. *Attach a copy of your certificate of graduation or transcript of marks from your school of Dental Therapy.*
ii. *Provide proof of name change if applicable.*
iii. *If you have not graduated within the past three (3) years, provide documenation showing you have legally provided dental therapy services for at least 60 (sixty) days in the last five (5) year period.*
iv. *Provide a letter of good standing from your most recent dental therapy employer and regulating authority if applicable.*
v. *Include documents relating to your continuing education activities for the last three (3) years.*
vi. *Mail or Email completed form and supporting documentation with your $50 registration 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*

Mailing Address

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

Email:

contact@sdta.ca

Email Form to SDTA

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