



STATUTORY DECLARATION

In the matter of my application for Approval towards Registration with the *College of Dental Surgeons of Alberta* under Part 2 of the *Health Professions Act*.

I, _____ of _____
(Print Full Name) (City)

("the Declarant") in the Province of _____, **DO SOLEMNLY DECLARE:**
(Province)

- 1) that I was born on ____/____/____, at; _____;
(Day) (Month) (Year) (Place)
- 2) that I am the person referred to in the documents submitted in support of my application, and that these documents present a true and accurate account of my qualifications;

AND I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the *Canada Evidence Act*.

DECLARED BEFORE ME at the City of _____

in the Province of _____,

this _____ day of _____,

20_____.

A Notary and/or Commissioner for Oaths

Print Name and Expiry Date (or stamp)

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)
)
)
)
) Declarant

Photograph

Passport size, of applicant,
taken no more than six
months before the date of
application, must be
pasted in this space.

Form revised
Mar 13/23