



APPLICATION FOR AN ORAL MEDICINE GRADUATE STUDENT TO REGISTER ON THE EDUCATION AND RESEARCH REGISTER

To apply for registration as an Oral Medicine Graduate Student on the Education and Research Register in Alberta, the following must be received:

- Completed application for registration as an Oral Medicine Graduate Student on the Education and Research Register.
- Notarized or certified copy of birth certificate, passport, citizenship card or proof of permanent residency status, or a notarized or certified copy of the authorization issued by Citizenship and Immigration Canada which permits the applicant to engage in the practice of dentistry in Canada.
- A Criminal Record Check and Vulnerable Sector Check (performed within the last 12 months). Applicants are responsible for all fees charged by the police to obtain these records.
- A letter of from the Dean confirming registration.
- Notarized or certified copies of degrees or diplomas earned.
- Certificates of Standing from each province where the applicant is/was registered is required. If the applicant is/was registered in the Yukon, Northwest Territories, Nunavut, the U.S.A. or internationally, a Letter of Good Standing from each jurisdiction in which the applicant is/was registered is required.

NOTE: Certificates of Standing and Letters of Good Standing are valid for 8 weeks from the date they are issued and must be sent directly from each regulatory body in which the applicant is/was registered to the Alberta Dental Association and College. Certificates of Standing and Letters of Good Standing sent by the applicant will not be accepted.

- An individual Consent for Release of Information form(s) is required to be completed and submitted for each jurisdiction in which the applicant is/was registered.
- One (1) current passport-sized photograph (within the last 6 months).

The fee for Oral Medicine Graduate Students to register on the Education and Research Register is \$100 annually.

Once an application is complete and registration status is confirmed, the applicant will be notified.



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Date: _____
Year Month Day

Name: _____ | _____ | _____
(Surname) (First Name) (Middle)

Is your name now different from the one on your Degree: No Yes _____

If yes, please provide a copy of legal documents of name change (i.e. marriage certificate or legal name change decree) and your name.

Home Address: _____

(City) Province/State (Postal/ZIP Code)

(Home Phone Number) (Cell Phone Number) (Email Address)

Work Address: _____

(City) Province/State (Postal/ZIP Code)

(Work Phone Number) (Work Fax Number) (Email Address)

PERSONAL INFORMATION

Place of Birth: _____ Date of Birth: _____ Year Month Day Gender: Male Female

Languages Spoken: _____

Are you a Canadian citizen or permanent resident of Canada? Yes No Citizenship: _____

If "yes", please provide a certified copy of your Canadian birth certificate, citizenship card or proof of permanent residency status.

If "no", please provide details of your current citizenship and a certified copy of the authorization issued by Citizenship and Immigration Canada which permits you to engage in the practice of dentistry in Canada.

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EDUCATIONAL INFORMATION

1. Post-Secondary

- a. Institution: _____
- b. Location: _____
- c. Date Entered: _____ Date Left: _____
 - i. Degree Earned: _____

2. Post-Secondary

- a. Institution: _____
- b. Location: _____
- c. Date Entered: _____ Date Left: _____
 - i. Degree Earned: _____

PRACTICE INFORMATION

Have you been or are you currently registered in any other jurisdiction(s) to practice dentistry?

Yes No

If yes, complete the following:

Jurisdiction (Province/State/Country)	Registered/Licensed/Certified	
	From: yyyy-mmm-dd	To: yyyy-mmm-dd

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CONDUCT INFORMATION

All of the following questions **must** be answered. A written explanation must be given for all affirmative answers (use a separate sheet if needed). Information provided is confidential.

1. Have you ever been found guilty of a criminal offence, either in Canada or in any other jurisdiction? This includes a finding of guilt under the Criminal Code of Canada, the Controlled Drugs and Substances Act (Canada) [(formerly the Narcotic Control Act (Canada))] and the Food and Drugs Act (Canada) or any other offences where the penalty could have involved you being incarcerated? Yes No
2. Have you ever had any allegations of misconduct, including academic misconduct made against you or have you ever been suspended, required to withdraw, expelled or penalized for misconduct from any or all components of any academic program? If yes, please provide details of the allegations, suspensions, expulsion or penalty imposed upon you. Yes No
3. Has there ever been a judgment in a civil action against you in relation to your practice? Yes No
4. Has your entitlement to practice dentistry been limited, restricted or subject to conditions in any jurisdiction at any time? Yes No
5. Have you ever been refused registration in any jurisdiction? Yes No
6. Have you ever voluntarily surrendered your registration/license/certificate? Yes No
7. Have you ever practiced as a dentist without being registered/licensed/certified? Yes No
8. At the present time, are there any investigations, reviews or proceedings taking place in any jurisdiction that could result in sanctions against you including conditions of your practice permit, or the suspension or cancellation of your authorization to practice dentistry? Yes No
9. Do you have a mental or physical condition that could affect your ability to safely practice dentistry? (Examples: mental or physical ailment, psychiatric disorder, addiction, blood borne pathogens) Yes No
10. Have you held any other professional designation? (If yes, please provide a certificate.) Yes No
11. Has there been a period during which you did not engage in the practice of dentistry on a continuous and regular basis? (If yes, please indicate below.) Yes No

Years(s)	Details	Location

PRIVACY AND SECURITY

The Alberta Dental Association and College collects the above information for the purposes of registration within the province of Alberta. The information is only used or shared as regulated by the *Health Professions Act*. The Alberta Dental Association and College retains this information indefinitely in secured files. Member services information is shared with the Canadian Dental Association. Business contact information may be shared with other organizations.



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DOCUMENTATION REQUIREMENTS

I enclose herewith, the following documents with my application:

- Notarized or certified copy of birth certificate, passport, citizenship card or proof of permanent residency status, or a notarized or certified copy of the authorization issued by Citizenship and Immigration Canada which permits the applicant to engage in the practice of dentistry in Canada.
- A Criminal Record Check or Vulnerable Sector Check (performed within the last 12 months). Applicants are responsible for all fees charged by the police to obtain these records.
- A letter from the Dean of the Faculty of Medicine and Dentistry confirming registration.
- Notarized or certified copies of degrees or diplomas earned.
- A completed Consent for Release of Information form for each jurisdiction the applicant is/was registered.
- One (1) current passport-sized photograph. (within the last 6 months)

The following documents will be sent directly to the Alberta Dental Association and College from the education institution and/or the regulatory body(s):

- Certificates of Standing from each province where the applicant is/was registered.
- Letters of Good Standing from each jurisdiction in which the applicant is/was registered (Yukon, Northwest Territories, Nunavut, the U.S.A. or internationally).

DECLARATION

I hereby make an application for registration as a Dentist under the Laws of the Province of Alberta under Part 2 of the *Health Professions Act*.

I solemnly declare that the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation in respect to my application, I shall be deemed not to have satisfied the requirements for a Practice Permit Certificate. I further understand and agree that if a Practice Permit Certificate should be issued to me based upon a false or misleading statement or representation that Certificate is subject to immediate cancellation.

Signature of Applicant

Dated this ____ day of _____, 20__.

This form can be either printed and signed by the applicant, or signed electronically by the applicant.



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Annual Payment Authorization Form

Please complete and sign this form to authorize the Alberta Dental Association and College to make a one-time charge to the credit card listed below.

AUTHORIZATION

I, _____, authorize the Alberta Dental Association and College to charge the credit card account indicated below for the amount of \$100.00 on or after _____ for the purpose of the Annual Fee.
Year - Month - Day

APPLICANT CONTACT INFORMATION

Address _____ Phone Number _____

City and Province _____ Postal Code _____

Email _____

<p>Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> Debit VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Cardholder Name (as appears on front of card): _____</p> <p>Card Number: _____</p> <p>Expiration Date: _____ CVV Number: _____</p>

SIGNATURE _____ **DATE** _____

The Alberta Dental Association and College is hereby authorized to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the application fee indicated above, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

Accounting records are kept in order to invoice and process the appropriate fees for applications. Information collected is used for the purpose noted above and then destroyed by confidential shredding.