



**COLLEGE OF DENTAL TECHNOLOGISTS OF ALBERTA  
PRACTICAL EXAM EXAMINATION  
APPLICATION**

**PRACTICAL EXAMINATION APPLICATION**

Name: \_\_\_\_\_ CDTA Membership #: \_\_\_\_\_

Home address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

**HEREBY** make application to take an examination in (please check by ) in the appropriate .

Removable Full Prosthetics \$500.00

Removable Partial Prosthetics \$500.00

Fixed Partial Prosthetics \$500.00

Orthodontics \$500.00

Enclosed is my examination fee (total of the above ) of: \_\_\_\_\_

Requested examination date: \_\_\_\_\_

**Completion of all four exams is required to become recognized as a R.D.T.**

Note: Fees in the form of cheques or money orders should be made payable to the College of Dental Technologists of Alberta. (CDTA)

Cheque

Money Order

Visa

MasterCard

Credit Card # \_\_\_\_\_ Expiry \_\_\_\_\_

Cardholders' Name: \_\_\_\_\_ Cardholders Signature: \_\_\_\_\_

**EMPLOYMENT HISTORY: (please complete)**

This is to confirm that I have been employed as Dental Technician in the Province of Alberta from (date):  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_ (or Present)

Current or last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

*There is a cancellation fee per examination if cancellation notice has not been received at the Registrars' office no later than four weeks prior to the test date.*

*The entire examination fee may be forfeited if cancellation notice has not been received at least ten working days prior to the examination date.*

Date of Application \_\_\_\_\_ Signed \_\_\_\_\_

This application and all correspondence pertaining to it should be addressed to:  
CDTA, #7 9343 – 50 Street Edmonton AB T6B 2L5  
Telephone: (780) 469-0615 Fax: (780) 469-1340